

L14000006966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED  
15 FEB 27 PM 1:20  
TALLAHASSEE, FLORIDA

MAR 12 2015

T. BROWN

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Sluggers Sports Saloon, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gerald Clipper

Name of Person

Sluggers Sports Saloon, LLC

Firm/Company

225 Old Village Center Circle #4203

Address

St Augustine, FL 32084

City/State and Zip Code

jlclipper@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gerald Clipper

Name of Person

at ( 717 )

Area Code

314-5775

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**Sluggers Sports Saloon LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
15 FEB 27 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on Jan 13, 2014 and assigned  
Florida document number L14000006966.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

225 Old Village Center Circle #4203

**(Principal office address MUST BE A STREET ADDRESS)**

St Augustine, FL 32084

**Enter new mailing address, if applicable:**

225 Old Village Center Circle #4203

**(Mailing address MAY BE A POST OFFICE BOX)**

St Augustine, FL 32084

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

**Name of New Registered Agent:**

Gerald Clipper

**New Registered Office Address:**

225 Old Village Center Circle #4203

Enter Florida street address

St Augustine

City

, Florida 32084

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
**If Changing Registered Agent, Signature of New Registered Agent**

**If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:**

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Joseph J. Merritt	6 Pacific St	<input checked="" type="checkbox"/> Add
		St Augustine, FL 32084	<input type="checkbox"/> Remove
AMBR	Gerald Clipper	225 Old Village Center Circle #4203	<input checked="" type="checkbox"/> Add
		St Augustine, FL 32084	<input type="checkbox"/> Remove
MGR	Andrew C Laird	3501 N Ponce De Leon Blvd	<input type="checkbox"/> Add
		Suite AA	<input checked="" type="checkbox"/> Remove
		St Augustine, FL 32084	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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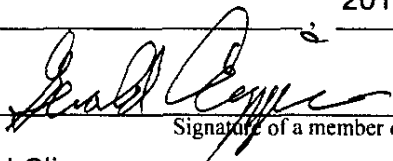
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 02/26 2015



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Gerald Clipper

\_\_\_\_\_  
Typed or printed name of signee