# L14000113203

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# GKW&H

GIBSON, KOHL, WOLFF & HRIC, P.L. 1800 Second Street, Suite 920 Sarasota, Florida 34236

Reply To: P. O. Box 49823 Sarasota, FL 34230

MICHAEL HRIC Attornev At Law

Telephone: (941) 954-1359 Fax: (941) 953-2501

June 1, 2016

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

Re:

Steel City Bar & Grille, LLC

Document # L14000113203

### Dear Ladies and Gentlemen:

Enclosed please find Articles of Amendment to Articles of Organization for the above identified entity changing the name to Pub 64, LLC and our check #1454 in the amount of \$55.00 for filing. Also enclosed is a copy for certification and our return, self-addressed envelope for return of a certified copy.

Should you have any questions or need any additional information, please do not hesitate to contact this office.

Very truly yours

Michael Hric

MH/sam

**Enclosures** 

# **COVER LETTER**

Division o	of Corporations	
Steel (	City Bar & Grille, LLC	
Sobject.	Name of Limited Liability Company	
The enclosed Article	les of Amendment and fee(s) are submitted for filing.	
Please return all cor	rrespondence concerning this matter to the following:	
	Michael Hric	
	Name of Person	
	Gibson, Kohl, Wolff & Hric, P.L.	
	Firm/Company	
	1800 2nd Street, Suite 920	
	Address	
	Sarasota, Florida 34236	
	City/State and Zip Code	
	michaelhric@michaelhricesq.net	
For further informati	E-mail address: (to be used for future annual report notification)	
Michael Hric	941 954-1359 at()	
Na	ame of Person Area Code Daytime Telephone Number	
Enclosed is a check	for the following amount:	
□ \$25.00 Filing Fe	ee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

**Registration Section** 

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

	City	Zip Code
<u></u>		Florida
New Registered Office Address:	Enter Florida street add	iress
Name of New Registered Agent:		
egistered agent and/or the new registered office addre	ss nere:	<i>4.</i> 4
If amending the registered agent and/or register		rds, enter the name of the
Mailing address MAY BE A POST OFFICE BOX)		SSE
nter new mailing address, if applicable:		
		6 J
Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	
nter new principal offices address, if applicable:		
he new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."
rub 64, LLC		100 1 11 12 W 1 0 0
. If amending name, enter the new name of the limite	d liability company here:	
his amendment is submitted to amend the following:		
lorida document number L14000113203	,	
	npany were med on	and assigned
he Articles of Organization for this Limited Liability Cor	July 17, 2014	and assigned
(A Florida L	Company as it now appears on our recimited Liability Company)	<u>01 us.</u> /
(Name of the Limited Lichility	Company se it now appears on our rec-	orde )

### 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
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			□ Remove
			□ Change
			□ Remove
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record specifies a delayed effective date, but not an effective he goth day after the record is filed.	re time, at 12:01 a.m. on the ear	ier (
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(n, n, n)		

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Typed or printed name of signee

Filing Fee: \$25.00