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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	PATIO TAPAS C Name of Limit	and BEER LLC ed Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter to	o the following:	
	Bry	Name of Person	
	POTIC) Tapas and beer Firm/Company	
	205 5E 1si	AUC	
		M FL 33432 City/State and Zip Code	
	Patiotapaschob E-mail address: (to	eer © 6000). (00) be used for future annual report notif	ication)
For further information cor	ncerning this matter, please cal	11:	
BYYCMT FC Name of I	<u>Jardo</u> Person	at (56) 235 - C Area Code Daytime	1086 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

PATIO TAPAS	And	Beer					
(Name of the Limited I	Liability Compa Florida Limited	<u>iny as it now a</u> Liability Comp	ppears on any)	our records.)		
The Articles of Organization for this Limited Liabi	lity Company	were filed o	n	2/17/11	1	and ass	igned
This amendment is submitted to amend the following	ng:						
A. If amending name, enter the new name of th	<u>e limited liab</u>	oility compai	ny here:				
The new name must be distinguishable and contain the word	s "Limited Liabi	ility Company,	the design	ation "LLC"	or the abbrevi	ation "L	.L.C.
Enter new principal offices address, if applicable	e:						
(Principal office address MUST BE A STREET)	(DDRESS)				···		
					_		
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>				<u> </u>		
		·			### ### ### ###	- 5 - <u>- 5</u>	
						-83	. 2
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered o	ffice addres	s on ou	r records,	enter the	name	of the nev
registered agent and/or the new registered offic	<u>e aduress ner</u>	<u>e</u> :			;		1
						$\dot{\Sigma}$	in .
Name of New Registered Agent:						22	
New Registered Office Address:					7-		
		Ente	er Florida s	treet address			 _
				Flor	rida		
		City		, - 10		ip 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BRYONT fajordo	205 SE 1 ST AVE	D Add
		BOXA ROTTON FL 33432	Remove
			Change
			Add
			Remove
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Note: If the date insert	er than the date of fit, the date must be specific ted in this block does nate on the Department	not meet the applical	o date or	(optional) than 90 days after filing.) Pu equirements, this date will	rsuant to not be	605.0207 listed as
	a delayed effectiver the record is file		an effective tim	ne, at 12:01 a.m. on	the ea	rlier of
Dated 02 01	16 February	_	-· /			
		BM	In)			_
	Signature	of a member or author	rized representative of	a member		

Page 3 of 3

Filing Fee: \$25.00