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FILING CANCELLED RETURNED CHECK

01/15/16--01005--001 **25.00



JAN 19 2016 J SHIVERS

COVER LETTER

TO:	Registration Sect Division of Corpo				
		WOODYS BURG	GER AND BEER LLC		
SUBJ	ECT:	Name of Lim	nited Liability Company		
The en	aclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please	return all correspond	dence concerning this matter	to the following:		
		Pat	Filiano Name of Person		
		,•			
			Firm/Company		
		1833	S. OCEAN	Dave	# <u>205</u>
	•		Address		
		Hallendale 1	Beach FL.	33009	
			City/State and Zip Code BURGERANDBEER@G		
		E-mail address: (to be used for future annua	report notification	1)
For fu	rther information con	cerning this matter, please c	all:		
	Pat Fil	erson	at (<u>786</u>)_ Area Code	329- 33 . Daytime Telep	hone Number
Enclos	sed is a check for the	following amount:			·
52 \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		☐ \$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 ORGANIZATION FILING CANCELLED RETURNED CHECK

WOODY	YS BURGER AND BEER LLC
(Name of the Limited I	Liability Company as it now appears on our records. Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document number	lity Company were filed on August 25, 2015 and assigned
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the not address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address 77
•	Florida Street address
	City 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

FILING CANCELLED RETURNED CHECK

<u>Title</u>	Name	Address	Type of Action
MGR	PASQUALE FILIGNO	16850 Collins Avenue #112-204	□ Add
		North Miami, FL 33160	■ Remove
		N	☐ Change
MGR	WILLIAM P. FRIDAY	3405 NORTH OCEAN DRIVE	= Add
		HOLLYWOOD, FL 33019	□ Remove
			☐ Change
			☐ Add
			Remove
			☐ Change
•			Remove
			Change
			□ Remove
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			Add
			☐ Remove
			☐ Change

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effective date is listed, the date If the date inserted in this ment's effective date on the	must be specific and s block does not t	d cannot be price neet the appli	cable statutor	ry filing requi	90 days after	filing.)	Pursuant vill not	to 605, be liste
ecord specifies a dela e 90th day after the			ot an effec	tive time,	at 12:01 a	a.m. c	n the	earlie
d January 13	2, 2015	·	—·					
	$(X)_{A}$	01/						
	Signature of a	member of act	porized represe	entative of a me	mber	<i></i>		—

Page 3 of 3

Filing Fee: \$25.00