

# L15000145488

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

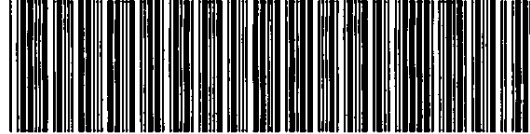
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 AUG 15 P 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 16 2015  
J. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

WOODYS BURGER AND BEER LLC

SUBJECT: \_\_\_\_\_  
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:

Pat Filigno

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

2950 NE 190<sup>th</sup> Street #215

\_\_\_\_\_  
Address

Aventura, FL 33160

\_\_\_\_\_  
City/State and Zip Code

WOODYSBURGERANDBEER@GMAIL.COM

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

For further information concerning this matter, please call:

Pat Filigno

\_\_\_\_\_  
Name of Person

at (786)

\_\_\_\_\_  
Area Code

329-3383

\_\_\_\_\_  
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

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TALLAHASSEE, FLORIDA

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TO  
ARTICLES OF ORGANIZATION  
OF

WOODY'S BURGER AND BEER LLC

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

The Articles of Organization for this Limited Liability Company were filed on August 1, 2015 and assigned  
Florida document number L15000145488

This amendment is submitted to amend the following:

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**A. If amending name, enter the new name of the 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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

Enter Florida street address

Florida

City

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

## FILING CANCELLED RETURNED CHECK

| <u>Title</u> | <u>Name</u>       | <u>Address</u>                        | <u>Type of Action</u>                      |
|--------------|-------------------|---------------------------------------|--|
| MGR          | PASQUALE FILIGNO  | 16850 Collins Ave 112-204             | <input type="checkbox"/> Add               |
|              |                   | North Miami FL 33160                  | <input checked="" type="checkbox"/> Remove |
|              |                   |                                       | <input type="checkbox"/> Change            |
| MGR          | WILLIAM P. FRIDAY | 2950 NE 190 <sup>th</sup> Street #215 | <input checked="" type="checkbox"/> Add    |
|              |                   | Aventura FL. 33180                    | <input type="checkbox"/> Remove            |
|              |                   |                                       | <input type="checkbox"/> Change            |
|              |                   |                                       | <input type="checkbox"/> Add               |
|              |                   |                                       | <input type="checkbox"/> Remove            |
|              |                   |                                       | <input type="checkbox"/> Change            |
|              |                   |                                       | <input type="checkbox"/> Add               |
|              |                   |                                       | <input type="checkbox"/> Remove            |
|              |                   |                                       | <input checked="" type="checkbox"/> Change |
|              |                   |                                       | <input type="checkbox"/> Add               |
|              |                   |                                       | <input type="checkbox"/> Remove            |
|              |                   |                                       | <input type="checkbox"/> Change            |
|              |                   |                                       | <input type="checkbox"/> Add               |
|              |                   |                                       | <input type="checkbox"/> Remove            |
|              |                   |                                       | <input type="checkbox"/> Change            |

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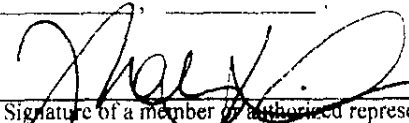
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated Aug 01, 2016

  
Signature of a member or authorized representative of a member

Thomas Lloyd Hampton  
Typed or printed name of signee