

L15 000 155805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

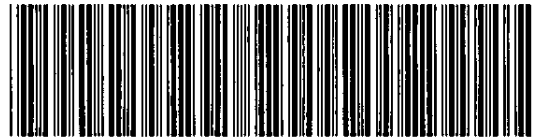
(Business Entity Name)

(Document Number)

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2015 OCT 27 AM 9:38
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
FILED

OCT 27 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Slate Gastro Pub, 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:

Tavaress M. Thomas
Name of Person

SLATE Gastro Pub, LLC
Firm/Company

1808 Westridge Dr.
Address

Tallahassee, FL 32304
City/State and Zip Code

4sites@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tavaress M. Thomas at (850) 570-1677
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Slate Gastro Pub, 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 9/14/2015 and assigned
Florida document number L15000155805

This amendment is submitted to amend the following:

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

SLATE GASTROPUB, LLC

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)

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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

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>	<u>Address</u>	<u>Type of Action</u>
managing MBR	Tavaress M. Thomas	P.O. Box 971 1808 Westridge Dr. Mayo, FL 32066	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32304	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
COO	Eugene Butler, III	725 Greenleaf dr	<input checked="" type="checkbox"/> Add
		Tallahassee, FL, 32305	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CAO	Luz Stella Perez de Corcho	1808 Westridge drive	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32304	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Joseph Crather	5564 Hoover Ct.	<input checked="" type="checkbox"/> Add
		Tallahassee, FL 32311	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Lindsay V. Wood	1443 Towhee Run	<input checked="" type="checkbox"/> Add
		Oviedo, FL 32765	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR MBR	Angela Thomas	405 SE Milk St.	<input checked="" type="checkbox"/> Add
		Mayo, FL 32066	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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	Name	Address	Type of Action
<u>MBR</u>	<u>Mamie A. Thomas</u>	<u>40 P.O. Box 971</u>	<input checked="" type="checkbox"/> Add
		<u>Mayo, FL 32066</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MBR</u>	<u>Robert Thomas</u>	<u>P.O. Box 971</u>	<input checked="" type="checkbox"/> Add
		<u>Mayo, FL 32066</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

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.

(b) The 90th day after the record is filed.

Typed or printed name of signee

APPROVED
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