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(Req	uestor's Name)	
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COVER LETTER

Registration Section

TO:

Division of C	orporations		
COLUMN TRANSPORT	Taphouse and Grill LLC		
SUBJECT:	Name of Lin	nited Liability Company	···········
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	JOHN STAMPER		
		Name of Person	
	Johnnys Taphouse and Gr	illLLC	
		Firm/Company	
	224 E Tarpon Ave		20
		Address	
	Tarpon Springs, FL 34689)	20 MAR -12
	johnnystaphouse@gmail.cc	City/State and Zip Code	
		to be used for future annual report not	iffication)
For further information	concerning this matter, please c	all:	7
JOHN STAMPER		970 208-2132	
Name	of Person	Area Code Daytin	ne 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
Money is alr	ready deposited by you!		(additional copy is enclosed)
Mailing Address Registration Division of 6 P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of T	rporations

Tallahassee, FL 32303



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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 20, 2020

JOHN STAMPER JOHNNYS TAPHOUSE AND GRILL LLC 224 E TARPON AVE TARPON SPRINGS, FL 34689

SUBJECT: JOHNNY'S TAPHOUSE AND GRILL LLC

Ref. Number: L15000195054

We have received your document for JOHNNY'S TAPHOUSE AND GRILL LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 020A00003760

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Johnnys Taphouse a				<u> </u>	平平二
(<u>Name</u> of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appear Liability Company)	s on our records.)	—— ₽	COST
The Articles of Organization for this Limited L Florida document numberL150001950		were filed on	1/18/2015	and assigne	STATE
This amendment is submitted to amend the foll	owing:				177
A. If amending name, enter the new name of	f the limited liab	ility company he	<u>re</u> :		
The new name must be distinguishable and contain the v	ords "Limited Liabil	ity Company," the de	esignation "LLC" or the abl	previation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		107 E TARI			
		TARPON S	PRINGS FL 34689		
			·		
Enter new mailing address, if applicable:		-			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>				
B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office a s here:	ddress on our re	cords, enter the name	of the new reg	istered
Name of New Registered Agent:	JOHN STAN	APER			
New Registered Office Address:	107 E TARPO	ON AVE			
· -		Emer Florie	da strevt address		
	TARPON SPI	 	Florida34	689	_
		Cuy		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>	Address	Type of Action
	MICHAEL JENNESS	4277 ELLINWOOD BLVD	🗀 Add
		PALM HARBOR FL 34685	■Remove
			□Change
AR	JUSTIN STAMPER	1521 MINNESOTA ST	≡ Add
		ORLANDO FL 32803	Remove
			□Change
·			□Add
		-	□Remove
			☐ Change
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Wit.	ive date, if other than the date of filing: (optional) ective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
recor	d 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 ed.
ıs fil	
IS 11!	
IS 11	10
1 IS 11!	Signature of a member or authorized representative of a member

Filing Fee: \$25.00