

L16000189224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

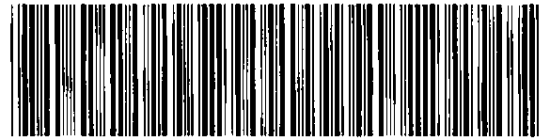
(Business Entity Name)

(Document Number)

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2017 APR 14 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

APR 18 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Legends Sports Bar and Lounge

\_\_\_\_\_  
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:

Stanley Henley

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

Legends Sports Bar and Lounge, LLC

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

5611 Norwood Ave

\_\_\_\_\_  
Address

Jacksonville, Florida 32208

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

legendssportsbar35@gmail.com

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

For further information concerning this matter, please call:

Tomoto Baker

404 643-8284

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

at ( )

Area Code

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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Legends Sports Bar and Lounge, LLC

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

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

The Articles of Organization for this Limited Liability Company were filed on 10/13/16 and assigned  
Florida document number 116000189224

This amendment is submitted to amend the following:

**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:

Tommy Bigham

New Registered Office Address:

8058 Helston Dr

Enter Florida street address

Jacksonville

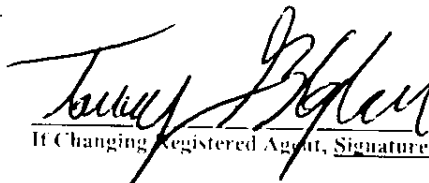
Florida 32208

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>
PRES	Charlene Johnson	8058 Helston Dr	<input checked="" type="checkbox"/> Add
		Jacksonville, Fl. 32208	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VICE PR	Stanley Henley	918 Plumbridge Ct	<input checked="" type="checkbox"/> Add
		Jacksonville, Fl. 32218	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRES	Stanley Henley	918 Plumbridge Ct	<input type="checkbox"/> Add
		Jacksonville, Fl. 32208	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tommy Bigham	5611 Norwood Ave	<input type="checkbox"/> Add
		Jacksonville, Fl. 32208	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Clayton P. King	5611 Norwood Ave	<input type="checkbox"/> Add
		Jacksonville, Fl. 32208	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If appending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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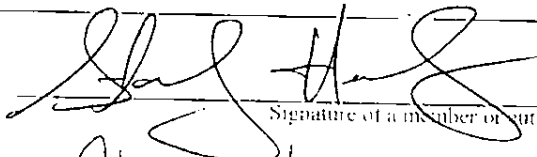
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 April 6, 2017



Signature of a member or authorized representative of a member

Stanley Henley

Typed or printed name of signer