L16000213698

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COVER LETTER

	Registration Sec Division of Corp			
eub ir.c	Old Timer C	ountry Store, LLC		
SUBJEC				
The enclo	sed Articles of A	amendment and fee(s) are subr	nitted for filing.	
Please ret	urn all correspon	dence concerning this matter t	to the following:	
		Frances Casey Lowe		
			Name of Person	
		Guilday, Simpson, West, H	latch, Lowe & Roane, P.A.	
			Firm/Company	
		68-A Feli Way		
			Address	
		Crawfordville, Florida 323	27	
			City/State and Zip Code	
		francie@francielowe.com		
		E-mail address: (4	o be used for future annual report notific	ration)
For furthe	r information co	ncerning this matter, please ca	di:	
Michelle	Maloni		850 926-8245 at ()	
	Name of	Person	at () Area Code Daytime	Felephone Number
Enclosed	is a check for the	following amount:		
□ \$25.0	0 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Old Timer Country Store, LLC			
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our re nited Liability Company)	cords.)	
	pany were filed on March 20, 20	and assigned	
Florida document number $\frac{1.16000213698}{1.16000213698}$			
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 ADDRES	<u>(S)</u>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
		ords, enter the name of the ne	
registered agent and/or the new registered office address	s here:	. .	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:			
	Enter Florida street address		
		. Florida	
	(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 March 20, 2017 and Florida document number 1,16000213698 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 of the 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida Street oddress Florida	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
AMBR	Josh & Spike Holdings, LLC	2195 Lake Bradford Road	
		Tallahassee. Florida 32310	□ Remove
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ctive date, if other than the date of filing:	(option	ıal).		
effective date is listed, the date must be specific and cannot be prior to date of filing or more the compact of the date inserted in this block does not meet the applicable statutory filing recomment's effective date on the Department of State's records.	han 90 days after fi quirements, this c	ling.) Pur late will	rsu <mark>ฏ</mark> ับ to 60: not be list	5.02 ted a
record specifies a delayed effective date, but not an effective time ne 90th day after the record is filed.	e, at 12:01 a.	m. on	the earli	er ·
ed October 16 . 2017. Tunes Chow Signature of a member or authorized representative of a				
	W 11			
Trues Chard	Attorney	_		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00