L17 0000 33577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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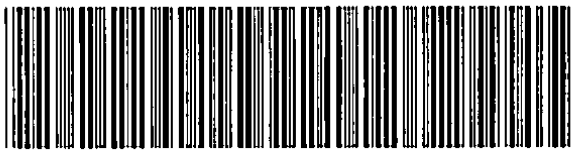

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 29 2020

S. YOUNG

COVER LETTER

O: **Registration Section**
Division of Corporations

UBJECT: THE ALIBI PUB LLC
Name of Limited Liability Company

he enclosed Articles of Amendment and fee(s) are submitted for filing.

lease return all correspondence concerning this matter to the following:

ROSANNE RUTNIK
Name of Person

ROSANNE RUTNIK BOOKKEEPING & TAX SERVICES INC
Firm/Company

5616 SHANNON DR
Address

FORT PIERCE, FL 364951
City/State and Zip Code

ROSANNERUTNIK@AOL.COM
E-mail address: (to be used for future annual report notification)

or further information concerning this matter, please call:

OSANNE RUTNIK at (772) 332-6381
Name of Person — Area Code — Daytime Telephone Number

nclosed 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2020 SEP 21 PM 6:32

THE ALIBI 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 02/10/2017 and assigned Florida document number L17000033577.

This amendment is submitted to amend the following:

. 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)

. If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here:

Name of New Registered Agent: ROSANNE RUTNIK

New Registered Office Address: 5616 SHANNON DR
Enter Florida street address

FORT PIERCE, **Florida** 34951
City *Zip Code*

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

Rosanne Rutnik

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

IGR = Manager
MBR = Authorized Member

itle	Name	Address	Type of Action
IGR	ANTHONY MALGERI	905 23RD AVE	☐Add
		VERO BEACH, FL 32960	■Remove
			☐Change
IGR	WILLIAM H SCOTT IV	905 23RD AVE	☐Add
		VERO BEACH, FL 32960	■Remove
			☐Change
IGR	DOMINICK MALGERI	1436 35TH AVE	■Add
		VERO BEACH, FL 32960	☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

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

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.

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 ord is filed.

Dated SEPTEMBER 15. 2020

Signature of a member or authorized representative of a member

DOMINICK MALGERI

Typed or printed name of signee

Filing Fee: $25.00