Page 1 of 1

7000 101012

# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

. . . .

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000208034 3)))



H178002080343ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:						
10.	Division of C	orporationa				
	Fax Number		- 6383			
		. (000/01/	0000			
From:						50 F
	Account Name	: FASTKIT C	ORP			(1)-
	Account Numbe	r : 120100000	0009			
	Phone	: (305)599-	-0839			
	Fax Number	: (305)592-	9591			÷ = -
	mail address fo				and for	
	report mailings.					
ELUNAT	report marrings.	. Bucer only	One empiri	auuress	prease	• ; .
Email A	ddress:					
				·		<u> </u>
		· · · · · · · · · · · · · · · · · · ·				
	CAMND/REST.	ATE/CORRE	CT OR M	I/MG RI	ESIGN	
LLO					ESIGN	
		ATE/CORRE NNA'S IRISH			ESIGN	
_		NNA'S IRISH			ESIGN	
	BRIA:	NNA'S IRISH		C 0	ESIGN	· · · · · · · · ·
	BRIA: Certificate of Stat Certified Copy	NNA'S IRISH		C 0 0	ESIGN	
	BRIA:	NNA'S IRISH		C 0	ESIGN	
	BRIAN Certificate of Stat Certified Copy Page Count	NNA'S IRISH		C 0 0	ESIGN	
	BRIA: Certificate of Stat Certified Copy	NNA'S IRISH		C 0 0 03	ESIGN	
	BRIAN Certificate of Stat Certified Copy Page Count	NNA'S IRISH		C 0 0 03	ESIGN	
	BRIAN Certificate of Stat Certified Copy Page Count	NNA'S IRISH		C 0 0 03	ESIGN	
	BRIAN Certificate of Stat Certified Copy Page Count	NNA'S IRISH		C 0 0 03	ESIGN	
	BRIAN Certificate of Stat Certified Copy Page Count	NNA'S IRISH		C 0 0 03	ESIGN	· · · · · · · · · · · · · · · · · · ·
	BRIAN Certificate of Stat Certified Copy Page Count	NNA'S IRISH		C 0 0 03		
	BRIAN Certificate of Stat Certified Copy Page Count	NNA'S IRISH		C 0 0 03	ESIGN	
SLURLENS CONTRACT	BRIAN Certificate of Stat Certified Copy Page Count Estimated Charge		PUB, LL	C 0 0 03		
BLURLINN COUNTRY	BRIAN Certificate of Stat Certified Copy Page Count		PUB, LL	C 0 0 03	ESIGN	

AUG 0 8 2017

**J**SHIVERS

RECENT

Division of Corporations

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### BRIANNA'S IRISH PUB,LLC

#### (Name of the Lindted Liability Company on 11 now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05-08-2017 and assigned Florida document number L17000101012

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 Llab	lity Company," the designation "LLC" o	
Enter new principal offices address, if applicable:	5112 NW 34TH 8LVD	7
(Principal office address MUST BE A STREET ADDRESS)	GAINESVILLE, FL 32605	
	5112 NW 34TH BLVD	
Enter new mailing address, if applicable:	GAINESVILLE, FL 32605	
(Mailing address MAY BE A POST OFFICE BOX)		তিন্দ ন্থ

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

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, Flo	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 Regimered Agent, Signature of New Registered Agent

3.

Page 1 of 3

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

:.

1

5

MGR = Manager AMBR = Authorized Member

. .

Title	Name	Address	Type of Action
<del></del>			□ Add
			Remove
			— D Change
			;□ Add
			C Remove
			□ Change
			D Add
			D Remove
			C Char.ge
			C Remove
			C Change
<u> </u>			🖸 Add
			Remove
			Change
			🗆 Aćd
			C Remove
	Page ;	2 of 3	1
			I

D. If amending any other information, enter change(s) here: (	(Attach odditional sheets, if necessary.)
---	---

ſ
<u></u>
1
· • • ·

(aptional) (If an effective date in binds, the date must be greated entrol be prior to date of (filing or more than 90 days after (ling).) Puttonal to 605.0207 (3)(5): Nege: If the date interted 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 cariler of: (b) The 90th day after the record is filed.

Dated. ð anterable or wither set representative of a member iz auto of JOJEN SCIORTINO Typed or printed mutter of signed

Page 3 of 3

·- · · · ·

3.

÷.,

. .