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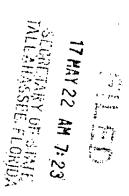
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COVER LETTER

V.,

	Registration Sec Division of Corp				
eub iec		ds Saloon LLC			
SUBJEC	Г:		ited Liability Company		
		Amendment and fee(s) are sub	-		
		Nena M Kendall-Beery			
			Name of Person	*	
		44 Crossroads Saloon LLC	C		
		~	Firm/Company		
		1996 North County Road 4	152		
			Address		
		Eustis, FL 32726	·		
			City/State and Zip Code		
		kendall.nena@yahoo.com	to be used for future annual report notific	cetton	
For furthe	r information co	oncerning this matter, please ca	•	oator)	
Nena M I	Kendall-Beery		407 217-4473 at ()	,	
	Name of	Person	Area Code Daytime	Telephone Number	1
Enclosed	is a check for the	e following amount:		· · ·	
\$25.00	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**

44 Crossroads Saloon LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number L17000102629	any were filed on 5/9/17	and assigned
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 L	iability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:	33336 Cook Ave	
(Mailing address MAY BE A POST OFFICE BOX)	Leesburg, FL 34788	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		the name of the ne
		17 17 17 17 17 17 17 17
Name of New Registered Agent:		S2 2
New Registered Office Address:	Enter Florida street address	\$31F0 A
	, Florida	20 7
	City	Zip Gode
New Registered Agent's Signature, if changing Registered Age	ent:	35 10 10 10 10 10 10 10 10 10 10 10 10 10

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
MGRM	Nena M Kendall-Beery	33336 Cook Ave	
		Leesburg, FL 34788	□ Remove
		***	Change
MBR	Janice S Hill	200 Devault St Lot 43	
		Umatilla, FL 32784	■ Remove
		***************************************	☐ Change
MBR	Gerald A Beery	33336 Cook Ave	
		Leesburg, FL 34788	■ Remove
			☐ Change
	 		Add
			□ Remove
			Change
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

	nding any other information, enter change(s) here: (Attach additional		
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	5/9/17	さら	S. Sandal
iffecti fan effe	ve date, if other than the date of filing:	(ODUOHAI)	605.020
Note:	If the date inserted in this block does not meet the applicable statutory filing requent's effective date on the Department of State's records.	uirements, this date will not be l	isted as
	ord specifies a delayed effective date, but not an effective time, 90th day after the record is filed.	, at 12:01 a.m. on the ea	rlier o
Dated_	May 14 2017		
Jaicu _	Signature of a member or authorized representative of a r	24	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00