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SEGRETARY OF STATE

COVER LETTER
TO: Registration Section Division of Corporations
LIKE'S SOORTSBAR & GRILL LLC
SUBJECT: LUKe'S Sports BAR & GRILL LLC 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:
Richard E CAMP. Name of Person Luke's Sports BAR & BRILL LLC Firm/Company
Name of Person
LUKE'S SPORTS BAR & BRILL LLC
Firm/Company
6242 Old SOUTEL COURT
Address
TACKSONVILLE FLORIDA 32219 City/State and Zip Code Camplax@aol. Com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (904) 885 - 2924 Name of Person Area Code Daytime Telephone Number
Englosed is a check for the following amount:
S25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & B\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) 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

ed 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 ______ and assigned Florida document number ______. 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: New Registered Office Address: Enter Florida street address

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.

Cin

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		
MGR	Luke Angelo	5888 GRACE LANE	Add		
		JACKSONVIlle FL 32205	Remove		
			Change		
MGR	ANTHONY D ANGELU	5888 GRACE LANC			
		JACKSONVIlle FL 32205	Remove		
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Effec	ive date, if other than the date of filing: Tily 31 2017 (optional)			
(IIanei	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date			
	ent's effective date on the Department of State's records.			
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on th	e ear	lier of:
, , , , , ,	John day arter the record is med.			
	July 31 2017.			
Dated				
Dated	Signature of a member or authorized representative of a member			

Page 3 of 3

Filing Fee: \$25.00