## 117000164627

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9/28/17

SECRETARY OF STATE

FILED

## **COVER LETTER**

Divisi	ion of Corp	orations		
SUBJECT: _	The Tipsy T	aco on the Key, LLC		
3016/ECT		Name of Lim	ited Liability Company	
The enclosed A	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
		dence concerning this matter	-	
		Johnathon David Rowe		
			Name of Person	<del></del>
		<del> </del>	Firm/Company	
		7200 Sharp Reef Drive, un	it #3	
			Address	<u> </u>
		Pensacola, FL 32507		
			City/State and Zip Code	
		david@tgdfirearms.com		
		E-mail address: ()	to be used for future annual report notif	fication)
For further info	ormation co	ncerning this matter, please ca	all:	
J. Steven Ford			at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a c	heck for the	following amount:		
■ \$25.00 Fili	ing 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

TO:

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

The Tipsy Taco on the Key, LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on August 2, 2017	and assigned
Florida document number L17000164627	<b>→</b>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or	r the abbreviation "L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRI	ESS)	NSX N
		<b>A¥ 8</b> • FLORIC FLORIC
Enter new mailing address, if applicable:		——————————————————————————————————————
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registoregistered agent and/or the new registered office addr		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	City	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
MGR	Rogelio Gomez, Jr.	9743 Cobblebrook Drive	
		Pensacola, FI. 32506	□ Remove
		(to correct spelling of first name)	☐ Change
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ffective date, if other that an effective date is listed, the date	n the date of filing: _ ate must be specific and ca	nnot be prior to date o	f filing or more than 90 da	_ (optional) avs after filing.) Pursuant to	605.0207
<b>Note:</b> If the date inserted in locument's effective date on	this block does not mee	t the applicable stat	utory filing requiremen	nts, this date will not be	listed as
	•				
e record specifies a de The 90th day after th	e record is filed.		fective time, at 17	2:01 a.m. on the ea	arlier o
Oated August 3	, 1	2017,			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00