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SECRETARY OF STATE

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COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	The Justice	Pub, LLC		
		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Jessica A Miller		
			Name of Person	
		The Justice Pub, LLC		
			Firm/Company	
		1231 Glengarry Road		
		.===.	Address	
		Jacksonville, FL 32207		
			City/State and Zip Code	
		jessicamiller@suddath.biz		
		E-mail address: (to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please ca	all:	
Jessica A M	iller		904 923-1353 at ()	
-	Name of	Person		Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling 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:

TO:

Registration Section

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 Justice 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 Florida document number L18000020239

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 "LLC" or the abbreviation "LLC".

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 o	address
		, Florida
	Citv	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>	Name	Address	Type of Action
AMBR	lan E. Ranne		
		21 West 6th Street Jacksonville, FL	Remove
			☐ Change
			☐ Add
			□ Remove
			Remove
			□ Change
			Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			Change

. Effective	e date, if other than the date of filing: (optional)
(If an effect <u>Note:</u> If	ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of Oth day after the record is filed.
Dated	7 27
	•

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00