1180000 61227

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor		· P		
SUBJECT:	- Man's Bar. Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Tim	Wilder		
	T-Man	S Brit Suppl	2019 FEB -	1
	1405	Palm Black.		•
	Port St.		456	
	•	to be used for Juture annual report noti	fication)	
For further information c	oncerning this matter, please ca	all:		
Tim h	J. I de/ f Person	at (850) 340 Area Code Daytim	o - 3497 ce Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 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

1 - Man's Bait (Name of the Limited Liability Companion (A Florida Limited Li	Sup Sup I	<u> </u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L 18000061227</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi		
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "LL.	C" or the abbreviation "L.I.,C."
Enter new principal offices address, if applicable:	Same	
(Principal office address MUST BE A STREET ADDRESS)		28 9
		- 1 - 1 - 1 - 1
Enter new mailing address, if applicable:	Same	
(Mailing address MAY BE A POST OFFICE BOX)		> <u></u>
		= =
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		is, enter the name of the new
Name of New Registered Agent:	NA	
New Registered Office Address:	N/A Enter Florida street addre	ess
		Torida
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			Change
			□ Remove
			☐ Change
			PE Add 1
			☐ Remove _
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E. Effective dat (If an effective d	ate is listed, the dat	e must be specifi	e and cannot be	prior to date of	filing or more th	an 90 days afte	i onal) r filing.) P	ursuant to 60	5.020
	late inserted in tl ffective date on t				itory filing req	uirements, thi	s date wi	Il not be lis	ted a
f the record s b) The 90th				t not an ef	fective time	at 12:01	a.m. or	the earli	ier o
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Dated/	23/19	$\overline{}$							
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Filing Fee: \$25.00