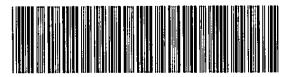
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## **COVER LETTER**

	gistration Secision of Cor			
		SPORTS BAR & BISTRO, LLC		
SUBJECT:		Name of Limited	Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are submitt	ed for filing.	
Please return	all correspo	ndence concerning this matter to the	ne following:	
		William Quinones		
		_	Name of Person	<del></del>
		HEIGHTS SPORTS BAR & B	BISTRO, LLC	
			Firm/Company	<del></del>
		7701 N. Nebraska Ave		
			Address	
		Tampa, FL, 33604		
			ity/State and Zip Code	
		willq1234@aol.com	1.6	
For further in	nformation co	ncerning this matter, please call:	used for future annual report notificat	1011)
William Qui			813 477-2173 at ()	<del> </del>
	Name of	FPerson	Area Code Daytime Te	lephone Number
Enclosed is:	a check for th	e following amount:		
<b>■</b> \$25.00 I	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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HEIGHTS SPORTS BAR & BIST			
( <u>Name of the Lim</u>	ited Liability Company : (A Florida Limited Liab	as it now appears on our reco oility Company)	ords.)
The Articles of Organization for this Limited I		ere filed on	and assigned
Florida document number L18000220775			
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability	y company here:	
London Heights British Pub LLC.			
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable: _		2022 TÃI
Principal office address MUST BE A STREET ADDRESS)			TÄLLÄHA
Enter new mailing address, if applicable:	-		PH 2:
Mailing address MAY BE A POST OFFICE	<u>- BOX)</u>		<del></del>
	_		
B. If amending the registered agent and/or agent and/or the new registered office addre		lress on our records, <u>ent</u>	er the name of the new regis
Name of New Registered Agent:	William Quinones		
New Registered Office Address:	802 W. Minnehaha	ı st	
ton regiment of the radicin.		Enter Florida street add	ress
	Tampa		Florida 33604
		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.

f 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
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			□Remove
			□Change
			□Add
			□Remove
			□Change
			AHASSE T
			Add Figure Remains Add Remains Add Change 35 Add Add ASSEE, FLORIDA
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<u>Note:</u> If	e date, if other tive date is listed, the the date inserted it's effective date	in this bloc	k does not	meet the a	applicable	ate of filing o statutory fi	r more than 96 ling requires	(option) days after ments, this	o <b>nal)</b> filing.) Pu date wil	irsuant to I not be	o 605.0207 e listed as
e record : d is filed	specifies a delaye d.	d effective (	late, but no	st an effec	tive time,	at 12:01 a.i	n. on the car	lier of: (b)	The 9	0th day	after the
Dated _	June 14th. 2022			· _							
		U	بركد		2		ive of a mem				_