

L19000013179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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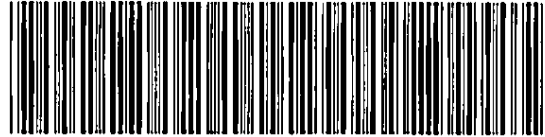
(Business Entity Name)

(Document Number)

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JAN 24 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Knot Rite Pub 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:

Lane Westbrook
Name of Person

The Knot Rite Pub LLC
Firm/Company

7942 Front Beach Road
Address

Panama City Beach, Florida 32408
City/State and Zip Code

westbrook34@outlook.com / frenchie9897@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathryne Shafer at (228) 297-8424
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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**

The Knot Rite 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 January 11, 2019 and assigned Florida document number L19000013179.

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)

1111
1111
1111

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1111
1111
1111
1111
1111

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

_____, Florida _____

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

~~MGR = Manager~~
AMBR = Authorized Member*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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Amber Lane Westbrook 7229 Sth Lagoon Dr PCB, FL 32408 Add

Remove

☐ Change

AMBR KATHRYNE P. SHAFFER 3901 THOMAS DR. ☒ Add
PANAMA CITY BCH, FL 32408 ☐ Remove

☐ Change☐ Add

5 ☐ Remove

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(If an effective 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 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 1-24, 19

Kathryn P. Linn
a member

Signature of a member or authorized representative of a member

Lane Westbrook

KATHRYNE P. STAFER

Typed or printed name of signee