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Registration Section

Tallahassee, FL 32314

Division of Corporations LORD BRADLEY'S TAVERN, LLC **UBJECT:** Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: JOHN SPIELDENNER Name of Person LORD BRADLEY'S TAVERN, LLC Firm/Company 3345 LITHIA PINECREST RD. Address VALRICO, FL 33594 City/State and Zip Code JOHNNY@LORDBRADLEYSTAVERN.COM E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: OHN SPIELDENNER 643-7777 Name of Person Daytime Telephone Number nclosed is a check for the following amount: □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Street Address: Mailing Address:** Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LORD BRADLEY'S TAVERN, LLC | | | 7975 |
|---|--|--|---------------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited | any as it now appears on Liability Company) | our records.) | SEP |
| ne Articles of Organization for this Limited Liability Company | were filed on $\frac{01/22/3}{2}$ | 2019 | and assigned |
| orida document number L19000023937 | | • | 第三日 |
| is amendment is submitted to amend the following: | | | .03 |
| If amending name, enter the new name of the limited liab | oility company here: | | |
| e new name must be distinguishable and contain the words "Limited Liabi | ility Company," the desig | nation "LLC" or the a | bbreviation "L.L.C." |
| nter new principal offices address, if applicable: | | | |
| rincipal office address MUST BE A STREET ADDRESS) | | | |
| | | | |
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| ter new mailing address, if applicable: | | | <u> </u> |
| (Name of the Limited Liability Company at it now appears on our records.) (A Florida Limited Liability Company) includes of Organization for this Limited Liability Company were filed on 01/22/2019 and assigned I 1/9000023937 mendment is submitted to amend the following: mane must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." new principal offices address, if applicable: ipal office address MUST BE A STREET ADDRESS) mending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Tip Code registered Agent's Signature, if changing Registered Agent: by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered agent as Provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered agent as Provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered agent as Provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered agent as Provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered agent as Provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability | | | |
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| If amending the registered agent and/or registered office ent and/or the new registered office address here: | address on our reco | rds, <u>enter the nan</u> | ne of the new registere |
| Name of New Registered Agent: | | | |
| | | | |
| New Registered Office Address: | Enter Florida . | street address | |
| | | Florida | |
| | City | , 1 1011da | Zip Code |
| w Registered Agent's Signature, if changing Registered Agent: | <u>:</u> | | |
| ovisions of all statutes relative to the proper and complete cept the obligations of my position as registered agent as | performance of my provided for in Cha | duties, and I am pter 605, F.S. Or, | familiar with and if this document is |
| | | | |

If Changing Registered Agent, Signature of New Registered Agent

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

IGR = Manager

| OK - | Manager | |
|-------|------------|--------|
| MBR = | Authorized | Member |

| <u>`itle</u> | Name | <u>Address</u> | Type of Action |
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| 4GR | MARY BRADLEY | 3345 LITHIA PINECREST RD. | \ _Add |
| | | VALRICO, FL 33594 | ≅Remove |
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| ument's effec | tive date on the De | epartment of S | State's records | S. | | | | |
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Filing Fee: \$25.00