

L19000277573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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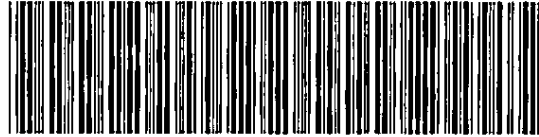
(Business Entity Name)

(Document Number)

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TALLAHASSEE FL

○ SIMMONS

FEB 04 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brass Ring Pub of RPB 2, 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:

James M. Stewart, Esq.

Name of Person

James M. Stewart, Esq.

Firm/Company

1211 Plaza Circle

Address

Singer Island, FL 33404-4740

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James M. Stewart, Esq.

561 842-2477
at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

03.407.9101

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Brass Ring Public of RPB 2, 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 11-20-2019 and assigned
Florida document number L19000277573.

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.C."

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 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

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>	<u>Address</u>	<u>Type of Action</u>
Mgr	Worcester, Dusty L	8478 Damascus Drive	<input type="checkbox"/> Add
		Palm Beach Gardens, FL 33418	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Worcester, Rosemary H	130 Edwards Lane	<input type="checkbox"/> Add
		Palm Beach Shores, FL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Byron, Kimberly M	14505 63rd Ct N	<input type="checkbox"/> Add
		Loxahatchee, FL 33470	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Cody, Michael T	14505 63rd Ct N	<input type="checkbox"/> Add
		Loxahatchee, FL 33470	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE
PALM BEACH, FL

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Article VI. Management, Members and Member Manager is deleted in its entirety and replaced by the following:

Article VI. Management, Members and Member Manager. This LLC is manager managed. The name and address of the manager is: Bret L. Worcester, 333 Edwards Lane, Palm Beach Shores, FL 33404.

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TALLAHASSEE, FL

FILED


E. Effective date, if other than the date of filing: _____ **(optional)**

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated January 7 2020

 **AGENT**
Signature of a member or authorized representative of a member

Authorized Representative **JAMES M. STEWART**
Typed or printed name of signer