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COVER LETTER

TO: Registration Se Division of Cor				
	UB OF LAKE WORTH BEAC	CH, LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Michael Brennan			
		Name of Person		
	Law Offices of Jason Evar	18		
		Firm/Company		
2300 NW Corporate Boulevard, Suite 215				
	 	Address	· · · · · · · · · · · · · · · · · · ·	
	Boca Raton, FL 33431			
	- 	City/State and Zip Code	··· <u>·</u>	
	mbrennan@evanslawfl.com			
For further information of	E-mail address: (to be used for future annual report no all:	tification)	
Michael Brennan		561 721-6512 at ()		
Name o	f Person		me Telephone Number	
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	S30.00 Filing Fce & Certificate of Status	S55.00 Filing Fec & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration Solvision of C	Section Corporations	Street Address: Registration S Division of Co	orporations	
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RUDY'S PUB OF LAKE WORTH BEACH, LLC

(Nama of the Limited Liability Commo	ar ac it any apparer on any analysis i	
(Name of the Limited Liability Compa (A Florida Limited I	Tability Company)	
The Articles of Organization for this Limited Liability Company	were filed on February 20, 2020	and assigned
Florida document number L20000057699		
1 ronda document humber		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
PALM BEACH COUNTY REVIVAL, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		· -
Tringin office marcia vioor by trothest thousand		
	. /	ø
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		27 2
		→ → → → → → → → → →
•	-	27
B. If amending the registered agent and/or registered office :	iddress on our records, enter the	name of the new registere
agent and/or the new registered office address here:		- X
Name of New Registered Agent:		∂ o
New Registered Office Address:	Enter Florida street address	
	c.ner proriai street aaaress	
	, Florid	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<i>_</i> -	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and Or, if this document is
If Char	raing Dugictured Arent Signature of No	n Danistand Street

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
					□Add
					□Remove
					□ Change
				·	□Add
					□ Remove
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	None
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Effect	ive date, if other than the date of filing: (optional)
if an ef	fective 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
<u>Note:</u> docur	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
	tem betteetive date on the Bepartment of Blate 4 records.
e reco	rd 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
rd is f	
Dated	March 25, 2020
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00