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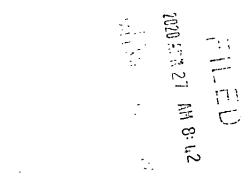
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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Amend

MAY 1 2 2020 I ALBRITTON

COVER LETTER

TO: Registration Section

| Division of Corporations | | | | | |
|---|---|--|--|--|--|
| JUGS PUR | | ř. | | | |
| SUBJECT: | Name of Lin | nited Liability Company | | | |
| | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | Jill Speckmann | | | | |
| | | Name of Person | | | |
| | Jugs Pub, LLC | | | | |
| | | Firm/Company | | | |
| | 6050 S Sydney Terrace | | | | |
| | | Address | | | |
| | Homosassa, Fl. 34446 | | | | |
| | | City/State and Zip Code | | | |
| | jspeckmann1@gmail.com | | | | |
| | E-mail address: (| to be used for future annual report no | tification) | | |
| For further information c | concerning this matter, please o | all: | | | |
| Jill Speckmann | | 352 228-3003 | | | |
| Name o | f Person | at () Area Code Daytir | ne Telephone Number | | |
| Enclosed is a check for the | ne following amount: | | | | |
| ■ \$25.00 Filing Fee | S30.00 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 Addres | | Street Address: Registration Se | ection | | |
| Registration Section Division of Corporations | | | Registration Section Division of Corporations | | |
| P.O. Box 632 | .7 | The Centre of | The Centre of Tallahassee | | |
| Tallahassee, l | FL 32314 | 2415 N. Monroe Street, Suite 810 | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| JUGGS PUB, LLC | |
|---|---|
| (<u>Name of the Limited Liability Company as it now ap</u> (A Florida Limited Liability Compa | opears on our records.) my) |
| The Articles of Organization for this Limited Liability Company were filed on | n 03/16/2020 and assigned |
| Florida document number 1.20000082197 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability compan | y here: |
| The new name must be distinguishable and contain the words "Limited Liability Company," t | the designation "L.L.C." or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| Principal office address MUST BE A STREET ADDRESS) | 2070 |
| | 27 11 |
| | 27 |
| Enter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE BOX) | RH (|
| | ب <u>ب</u> |
| | . 2 |
| B. If amending the registered agent and/or registered office address on ougent and/or the new registered office address here: | ur records, <u>enter the name of the new regist</u> |
| gent und and the new regardered office address were. | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| Enter | r Florida street address |
| | , Florida |
| Circ | Zin 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> | Address | Type of Action |
|--------------|----------------|--|----------------|
| MGR | Jill Speckmann | 6050 S Sydney Terrace, Homosassa, Fl 34446 | |
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| ective date, if other than the date must he | ate of filing: | - to dota of films ma | (optional) |) Dominion to 605 026 |
| te: If the date inserted in this bloc | k does not meet the appli | cable statutory filing | requirements, this date | will not be listed a |
| cument's effective date on the Dep | irtment of State's record | S. | | |
| cord specifies a delayed effective of | tate but not an effective | time at 12:01 a.m. o | n the earlier of the Th | ne 90th day after th |
| s filed. | are, rat mi an encerve | | | re min day aree an |
| April 21 | 202 0 | | | |
| ted April 21 | · 2020 | · | | |
| M. M | 1-1-12- | | | |
| Jun Jn | gnature of a member or auti | norized representative of | if a member | |
| Terri Thibodeau | | | | |
| | | | | |

Filing Fee: \$25.00