L20000239164

(Re	questor's Name)	
———(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
(100	cument number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

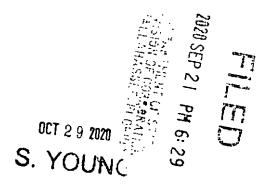
Office Use Only



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RECEIVED SEP 2 1 2020



COVER LETTER

	reat Scott's			
30b315C1	<u>-</u>	Name of Lim	ited Liability Company	
The enclosed A	rticles of /	Amendment and fec(s) are sub	mitted for filing.	
Please return all	l correspor	ndence concerning this matter	to the following:	
		Scott Levy		
			Name of Person	
		Great Scott's Bar LLc		
			Firm/Company	
		7 S Atlantic Ave		
			Address	
		Cocoa Beach Fl. 32931		
			City/State and Zip Code	
		scottwyman@yahoo.com		
		E-mail address: (to be used for future annual report no	stification)
For further info	rmation co	oncerning this matter, please c	all:	
Scott Levy			772 285-1229 at ()	
	Name of	Person	- Area Code Dayti	me Telephone Number
inclosed is a ch	neck for th	e following amount:		
\$25,00 Fili	ng 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)
	<u>ig Addres</u> stration S		Street Address: Registration S	ection
	tanon d		Division of Co	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREAT SCOTT'S BAR LLC		20 2 W
(<u>Name of the Limi</u>	ted Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited L Florida document number L20000239164	iability Company were filed on 08/10/2	020 and Reigned
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the design	ation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STREI	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	BOX	
B. If amending the registered agent and/or agent and/or the new registered office addre		ds, enter the name of the new registered
Name of New Registered Agent:	Scott P Wyman	
New Registered Office Address:	210 S Orlando Ave	
	Enter Florida si	reet address
	Cocoa Beach Fl	Florida 32931
	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>	Address	Type of Action
MGR	Scott P Wyman	210 S Orlando Ave Cocoa Beach Fl 32931	□Add
			□Remove
AMBR Scott m levy	Scott m levy	70 S Atlantic Ave Cocoa Beach Fl 32931	□ Add
			□Remove
			■Change
			□Add
			□Remove
			Change
		10 17 10 17 10 17 17 17 17 17 17 17 17 17 17 17 17 17	□Add
			🗆 Remove
			□Change
			□Add
		□Remove	
			Change
			□Add
			□Remove
			□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
 _	
_	
	
Effectiv	e date, if other than the date of filing: Sepyember 9 2020 (optional)
Note: If	tive 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to this effective date on the Department of State's records.
e record rd is filed	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 d.
Datad	
Daicd _	·
	Signature of a interfiber or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00