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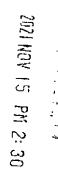
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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A. BUTLER DEC 3 2021

*

COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Little Tipsch Tavery 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:
Susan J. St. John Teresa L. Latone
Little Tipsy Tavern LCC Firm/Company
2047 SW PANTYET TRACE
Stuckt FL 34997 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Suesan St. John at (772) 985-8007 Name of Person at (772) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{\$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	·
Little	Tipsy Taver 2021 LOUIS PM 2: 30
(<u>Name of the Limited</u>	Liability Company as it now appears on our records.)
,	bility Company were filed onand assigned
The Articles of Organization for this Limited Lia	bility Company were filed onand assigned
Florida document number	
This amendment is submitted to amend the follow	wing:
A. If amending name, <u>enter the new name of t</u>	the limited liability company here:
,	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:
(Principal office address MUST BE A STREET	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	OX)
4	
B.) If amending the registered agent and/or reg	gistered office address on our records, enter the name of the new registered
agent and/or the new registered office address	nere:
Name of New Registered Agent:	Susan J. St. John
New Registered Office Address:	2047 SW PANHVET Frace Enter Florida street address
	Stuart Florida 34997

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
			□Add
			□ Remove
			□Change
			
			□Remove
			□Change
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			□ Change
			□Add
			□Remove
			□Change

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If an eff Note:	ive date, if other than the date of filing: 202 (optional) ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
e recor rd is ti	d 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 led.
Jated	Nov. 8 702
	Typed or printed name of signee