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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| 010010 | | AGRA TAP, LLC | | | | | | | |
| SUBJEC | CI: | Name of Lim | ited Liability Company | | | | | | |
| | | | • 4 | | • | | | | |
| The encl | losed Articles of | f Amendment and fee(s) are sub | mitted for filing. | | | | | | |
| Please re | eturn all corresp | ondence concerning this matter | to the following: | | | | | | |
| | | Kathy Ann Esposit | o | | | | | | |
| | | | Name of Person | | | | | | |
| | | | Firm/Company | | | | | | |
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| | | Largo, Florida 3377 | n | | ZY AU | | | | |
| | | Kesposito81@yaho | City/State and Zip Code o.com | | 2024 AUG 22 AM 11:55 | | | | |
| | E-mail address: (to be used for future annual report notification) | | | | | | | | |
| For furtl | her information | concerning this matter, please c | ull: | | E.F. | | | | |
| Katl | ny Ann Esposite | 3 | 352 425-3037 | , | THE SH | | | | |
| - | Name | of Person | | ime Telephone Number | | | | | |
| Enclosed | d 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) | Certified | te of Status & | | | | |
| | Mailing Addre | | Street Address: | | | | | | |
| | Registration | | Registration S | | | | | | |
| | P.O. Box 63: | Corporations 27 | Division of Corporations The Centre of Tallahassee | | | | | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

MAILED GHT 4 YAR

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| The Niagra Tap, LLC | | |
|---|---|-----------------------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited L | ny as it now appears on our rec liability Company) | cords.) |
| the Articles of Organization for this Limited Liability Company lorida document number 1.24000350642 | were filed on08/09/2024 | and assigned |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited liabi The Niagara Tap Bar & Grill, LLC | lity company here: | |
| ne new name must be distinguishable and contain the words "Limited Liabili | ity Company," the designation "I | LLC" or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | |
| | | 5 5 5 |
| nter new mailing address, if applicable: | | 22 E |
| Iailing address MAY BE A POST OFFICE BOX) | | Ser R |
| | | E. FL |
| . If amending the registered agent and/or registered office a gent and/or the new registered office addr <u>ess here</u> : | ddress on our records, <u>en</u> | ter the name of the new registe |
| gent and/or the new registered white address here. | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street ad | dress |
| | | Florida |
| | Сйу | 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 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> | Name | Address | Type of Action |
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| fective date, | if other th | an the date | of filing | g: | | •••• | | | _ (optic | onal) | | |
| an effective date ote: If the dat | is listed, the c c inserted in | tate must be sp this block d | ecific and oes not n | i cannot be need the a | e prior to da applicable | ite of filin statutors | g or more 7 filing r | than 90 da equireme | iys after nts, this | filing.) P date w | 'ursuant 1 ill not b | n 605.0 e listed |
| ocument's effe | ctive date of | the Departi | nent of S | itate's rec | cords. | · | • | | | | | |
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| record specific Lis filed. 08/2 ated | l <i>f</i> | - | | · | <u>~</u> . | a. | | 1 | | | | |