

L23000510338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

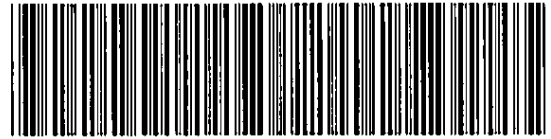
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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TALLAHASSEE, FLORIDA

2024 FEB -1 AM 10:29

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TALLAHASSEE, FLORIDA

2024 FEB -1 PM 2:51

RECEIVED

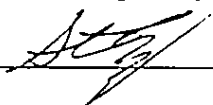
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

A Big Toe SVC LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

Signature

Requested by: SN

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A Big Toe SVC LLC
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:

Kristin E. Scherer
Name of Person

Goldman, Monaghan, Thakkar & Bettin, P.A.
Firm/Company

96 Willard Street, Suite 302
Address

Cocoa, FL 32922
City/State and Zip Code

Kevin@Gmtblaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristin E. Scherer at (321) 639-1320 Ext. 106
Name of Person Area Code Daytime Telephone Number

Enclosed 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) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

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

Street Address:

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2024 FEB -1 AM 10: 29

A Big Toe SVC LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/09/2023 and assigned Florida document number L23000510338.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

4512 Pinecone Place
Cocoa, FL 32922

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

4512 Pinecone Place
Cocoa, FL 32922

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

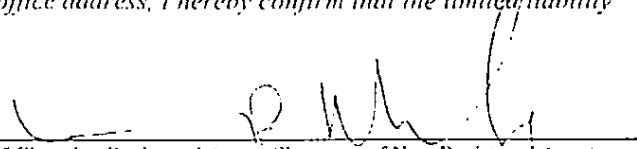
Name of New Registered Agent: Kevin P. Markey

New Registered Office Address: 96 Willard Street, Suite 302
Enter Florida street address

Cocoa, Florida 32922
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 attending 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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|---|--|
| MGR | Michael Mathias | 209 Thompson Ave. | <input type="checkbox"/> Add |
| | | Cocoa, FL 32922 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Mark Fitzpatrick | 980 Church Street | <input checked="" type="checkbox"/> Add |
| | | Rockledge, FL 32955 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AP | Anna Buffkin | 5520 Southeast 145 th Street | <input type="checkbox"/> Add |
| | | Summerfield, FL 34491 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Anna Buffkin | 5520 Southeast 145 th Street | <input checked="" type="checkbox"/> Add |
| | | Summerfield, FL 34491 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Change |

