## L21000281478

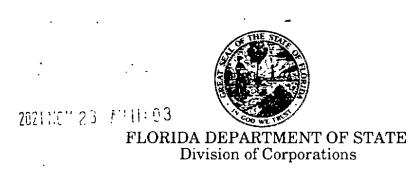
	(Requestor's Name)
	(Nequestors Manie)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
ŧ	PICK-UP WAIT MAIL
:	(Business Entity Name)
,	(Document Number)
	(Executive Multiper)
,	Certified Copies Certificates of Status
ı	
	Special Instructions to Filing Officer:  Q. SILAS
	10/27 11123121 NOS
	11123121 NO\$
	Office Use Only



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2021 NOV 23 PM 5: 1



November 8, 2021

RONALD D DAVIS 1063 HWY 90 CHIPLEY, FL 32428

SUBJECT: 4 HILLS OYSTER BAR AND GRILL LLC

Ref. Number: L21000281478

We have received your document for 4 HILLS OYSTER BAR AND GRILL LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 621A00027214

Querida R Silas Regulatory Specialist II

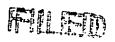
## COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	4 HILLS OY:	STER BAR AND GRILL LLC	2621 OCT 27 PM 3: 49
	Name of Li	mited Liability Company	2621-051-7
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
		RONALD D DAVIS	
		Name of Person	# <del>-</del>
	GUSTASON /	AND DAVIS FINANCIAL SER	VICES
		Firm/Company	
		1063 HWY 90	
	<del></del>	Address	· <u> </u>
		CHIPLEY, FL 32428	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	City/State and Zip Code	
		rdchipley@aol.com	
	E-mail address:	(to be used for future annual report i	notification)
For further information of	concerning this matter, please of	call:	
RONALD	D DAVIS	850	638-5663
Name o	f Person	at () Area Code Day	time Telephone Number
Enclosed is a check for t	he 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 S Division of C P.O. Box 632 Tallahassee, I	Section forporations 7	Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassee, I	orporations Tallahassee roe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2021 NOV 23 . PH. 5: 17

4 HILLS OYSTER I	BAR AND GRILL LLC SECRETARY OSTOWARD
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records ATT STATE imited Liability Company)
The Articles of Organization for this Limited Liability Cor	npany were filed on
Florida document number	;
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	d 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 ADDRE	SS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new register</u>
Name of New Peristand Asset	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City 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 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

Title	<u>Name</u>	Address	Type of Action
MGR	LOGAN DRUMMOND	1925 HWY 177	□Add
		BONIFAY, FL 32425	
		-	
			🗆 Add
			□Remove
		<del></del>	☐ Change
	-		□Add
		<del></del>	□Remove
			□ Change
			□Add
			□Remove
			□ Change
<del></del>	181		□Add
			□Remove
			□Change
<u></u>		-	□Add
			□Change

DRUMMO	ND HAS NO TIES WITH THE LLC WHAT SO EVER.
<del></del>	
<u></u>	
m effective date is ote: If the date i	other than the date of filing:    O9/27/2021   (optional)
ecord specifies a is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ted	TOBER 4 2021

Filing Fee: \$25.00