

LO2000028826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

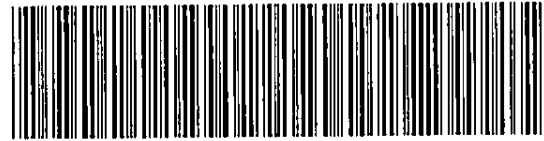
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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2024 MAY -3 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE HUNT

05/03/24

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corpheip@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 5/3/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1251976

ORDER ENTITY
THE MERMAID TRAP, L.L.C.

PLEASE PERFORM THE FOLLOWING SERVICES:
THE MERMAID TRAP, L.L.C. (FL)

File the attached amendment

NOTES:
\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



FILED
TALLAHASSEE, FL
MAY 3 2024
AM 8:42

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE MERMAID TRAP, L.L.C.

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:

STEPHEN F. VOIGT

Name of Person

VOIGT LAW GROUP, P.A.

Firm/Company

2042 BEE RIDGE ROAD

Address

SARASOTA FL 34239

City/State and Zip Code

grfrey@yahoo.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen F. Voigt

941

925-2324

at ()

Name of Person

Area Code

Daytime Telephone Number

STATE
SECRET
FL

7:00 AM 8:42

110

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**

THE MERMAID TRAP, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on October 29, 2002 and assigned Florida document number 1.02000028826.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1256 Old Stickney Point Road

(Principal office address MUST BE A STREET ADDRESS)

Sarasota, FL 34242

Enter new mailing address, if applicable:

1817 Bayonne Street

(Mailing address MAY BE A POST OFFICE BOX)

Sarasota, FL 34231

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:

GREGORY R. FREY

New Registered Office Address:

1817 Bayonne Street

Enter Florida street address

Sarasota

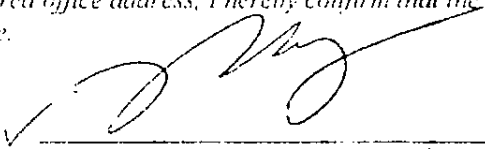
City

Florida 34231

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>	<u>Address</u>	<u>Type of Action</u>
MGR	GREGORY R. FREY	1817 BAYONNE STREET	<input checked="" type="checkbox"/> Add
		SARASOTA FL 34231	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MAVIS NYARKOH-FREY	1817 BAYONNE STREET	<input checked="" type="checkbox"/> Add
		SARASOTA FL 34231	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CLAYTON A. THOMPSON, SR	3726 SPYGLASS HILL ROAD	<input type="checkbox"/> Add
		SARASOTA, FL 34238	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DIANE H. THOMPSON	3726 SPYGLASS HILL ROAD	<input type="checkbox"/> Add
		SARASOTA FL 34238	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FLORIDA STATE
ARCHIVE, FL

AM 8:43

3 AM 8:43
STATE
MISSISSIPPI

AM 8:43
STATE
SSEE.HL

(If an effective 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 (3)(b)

If the record 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 record is filed

Dated May 1 2024
[Signature] 5/1/24
 Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00