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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GOLLY ENTERPRISES LLC.

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H24000377624

G	OLLY ENTE	RPRISES LLC.	
(Name of the Lin	ited Liability Compa (A Fiorida Limited I	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Florida document number L08000025333	and assigned		
This amendment is submitted to amend the following	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
Golly Enterprises LLC			20:
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation "LLC" o	r the abbreviation-L.L.C."
Enter new principal offices address, if appli	icable:	3417 Gulf Breeze Parkway	石石
(Principal office address MUST BE A STREET ADDRESS)		Gulf Breeze, Florida 32563	· ω :
	· · · · · · · · · · · · · · · · · · ·		m
Enter new mailing address, if applicable:		P.O. Box 513	1 : 5
Mailing address MAY BE A POST OFFICE	E BOX)	Gulf Breeze, Florida 32562	ਰੀ
3. If amending the registered agent and/or		nddress on our records, <u>enter th</u>	e name of the new registe
	Corporation Set	rvice Company	
Name of New Registered Agent:			
	Corporation Set		
		et Enter Florida street address	da ³²³⁰¹

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.

By: Corporation Service Company

Jannifar M. Wasks
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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Greg Cook	P.O. Box 513	□Add
		Gulf Breeze, Florida 32562	
		 	Change
MGRM	Holly Cook	P.O. Box 513	
		Gulf Breeze, Florida 32562	≣Remove
		·	□ Change
AP	Jakob Dwyer	1008 Airport Road, Suite F	≣ Add
		Destin, Florida 32541-2822	□Remove
			□ Change
AP	David Reed	1008 Airport Road, Suite F	
		Destin, Florida 32541-2822	□Remove
			☐ Change
AP	Ryan Olin	1008 Airport Road, Suite F	■Add
		Destin, Florida 32541-2822	□Remove
			☐ Change
ЛР	Chad Hatfield	1008 Airport Road, Suite F	≝Add
		Destin, Florida 32541-2822	⊡ Rетю∨е
			□Change

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ootiera	e date, if other than t	block does not n	nect the applicab	date of filing or more t le statutory filing red	(optiona han 90 days after fili quirements, this da	al) ng.) Pursuant to 605.02 ite will not be listed
<u>te:</u> If	t's effective date on the	_ 500				
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te: If numen cord s	t's effective date on the specifies a delayed effec	·	an effective time	z, at 12:01 a.m. on th	ne carlier of: (b)	The 90th day after th
te: If cumen cord s s filed	t's effective date on the specifies a delayed effect. November 5	·		z, at 12:01 a.m. on th	ne earlier of: (b)	The 90th day after th
<u>te:</u> If :umen	t's effective date on the specifies a delayed effect. November 5	tive date, but not	2024	e, at 12:01 a.m. on the		The 90th day after the

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