

5/6/24, 9:53 AM

Division of Corporations

L11000119253
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H240001640533ABCZ

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LONG LAW, P.A.
Account Number : I20200000163
Phone : (239)400-2060
Fax Number : (239)268-6101

MAY 20 PM 2:20

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****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
SEFFNER TIKI HUT BAR & GRILL, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 21 2024
T. LEMIEUX



May 17, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SEFFNER TIKI HUT BAR & GRILL, LLC
1001 W US HWY 92
SEFFNER, FL 33584US

SUBJECT: SEFFNER TIKI HUT BAR & GRILL, LLC
REF: L11000119253

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

What are you wanting to do with Mark Edward Dentmon?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H24000164053
Letter Number: 424A00010862

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEFFNER TIKI HUT BAR & GRILL, 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.

SETH SCHWARTZ, ESQ.

Name of Person

THE SCHWARTZ LAW GROUP, P.A.

Firm/Company

10365 HOOD ROAD SOUTH, SUITE 104

Address

JACKSONVILLE, FL 32257

City/State and Zip Code

SETH@FLAATTORNEY.NET

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

For further information concerning this matter, please call.

SETH SCHWARTZ

904 292-0222
at ()

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**

SEFFNER TIKI HUT BAR & GRILL, LLC

(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 10/19/2011 and assigned
Florida document number L11000119253.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

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2024 MAY 20 PM 2:20
CLERK OF STATE
TALLAHASSEE, FL

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>
MGRM	MARK EDWARD DENTMON	7820 SAIL CLOVER LANE	<input checked="" type="checkbox"/> Add
		ZEPHYRHILLS, FL 32257	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	MARSHALL E DENTMON	6609 THONOTOSASSA RD	<input type="checkbox"/> Add
		PLANT CITY, FL 33565	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

Filing Fee: \$25.00