

L120000 85895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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19 JUL 17 PM 1:37
TENN CO DIVISION OF CORPORATIONS

LLC
Amend.

JUL 17 2019
D CONNELL

Attention: Darlene Connell
Department of Corporations
PO Box 6327
Tallahassee, FL 32314

July 16, 2019

Darlene,

Per the attached letter, please find the letter (819A00013626) you returned along with the updated articles of amendment.

If it is possible to expedite this request, I greatly appreciate it.

Please contact me if there are any questions.

Regards,

A handwritten signature in black ink, appearing to read 'Karla Ritter', with a long horizontal stroke extending to the right.

Karla Ritter
Siesta Key Outfitters
239-896-6623



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 5, 2019

JAMES RITTER
12476 COUNTRY DAY CIRCLE
FT. MYERS, FL 33913

SUBJECT: SIESTA KEY OUTFITTERS, LLC
Ref. Number: L12000085895

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR). ✓

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative. ✓

The name of the person signing the document must be typed or printed beneath or opposite the signature. ✓

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) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 819A00013626

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Siesta Key Outfitters, 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:

James Ritter

Name of Person

Siesta Key Outfitters

Firm/Company

12476 Country Day Circle

Address

Fort Myers, FL 33913

City/State and Zip Code

siestakeyoutfitters@verizon.net

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

For further information concerning this matter, please call:

James Ritter

239

229-9229

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
SECRETARY OF
DIVISION OF CORPORATIONS
19 JUL 17 PM 1:5

Siesta Key Outfitters, 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 06/27/2012 and assigned
Florida document number 112000085895.

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

_____, Florida _____
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 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	James Ritter	12476 Country Day Circle, Ft. Myers, FL 33913	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Karla Ritter	12476 Country Day Circle, Ft. Myers, FL 33913	<input type="checkbox"/> Add
			<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"/> Remove
			<input type="checkbox"/> Change

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E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 16 2019

Barla B. [Signature] Authorized Representative
Signature of a member or authorized representative of a member

Karla Ritter
Typed or printed name