

Division of Corporations

11/20/23, 9:42 AM

L13000074399

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000399867 3)))



H230003998673ABCE

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : LIQUOR LICENSE LOCATORS, LLC
Account Number : I20200000150
Phone : (407)953-0034
Fax Number : (866)929-0535

RECEIVED
CORPORATIONS
SPECIAL
SERVICES

2023 NOV 20 AM 11:17

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

Email Address: _____

RECEIVED
CORPORATIONS
SPECIAL
SERVICES
FL

2023 NOV 20 AM 10:42

FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FISHERMAN'S CORNER HOLDINGS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

Division of Corporations

(((H23000399867 3)))

11/20/23, 9:42 AM

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

2023 NOV 20 AM 10:42

STATE OF FLORIDA
TALLAHASSEE, FL

(((H23000399867 3)))

((H23000399867 3)))

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

FISHERMAN'S CORNER HOLDINGS, 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 05/21/2013 and assigned
Florida document number L13000074399

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)

FILED
2023 NOV 20 AM 10:42
TALLAHASSEE FL

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

((H23000399867 3)))

((H23000399867 3))

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	Perdido Key Investments, LLC	7318 Augusta Pines Dr	<input type="checkbox"/> Add
		Spring, TX 77389	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAMES W GREEN	13486 PERDIDO KEY DR	<input checked="" type="checkbox"/> Add
		PENSACOLA FL 32507	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 NOV 30 AM 10:44
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 TALLAHASSEE, FL

FILED

((H23000399867 3))

