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COVER LETTER

TO: Registration Se Division of Cor			4
SUBJECT:	,	noirer LLC ited Liability Company	
	Amendment and fee(s) are sub-		
	Andrew	Seeley Name of Person	
	Slainte	Seeley Name of Person Emoirer LL Firm/Company	<u> </u>
	2505 man	natee Ave E	
	Bradenton	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
Andrew	Seeley	at (941) 374 Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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

Slainte Em	pire LLC	
	uny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>L 14 Ø 000 8557</u>	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
	W. 0 22 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
The new name must be distinguishable and end with the words "Limited Lial	bility Company," the designation "L.L.C" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· w.;
(Principal office address MUST BE A STREET ADDRESS)		Por F
		25 2 F
Enter new mailing address, if applicable:		36.54 - T
(Mailing address MAY BE A POST OFFICE BOX)		
		97.7 :
		<u> </u>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		the name of the new
registered agent and/or the new registered write address ner	<u>c</u> .	
Name of New Registered Agent:		
New Registered Office Address:		
Aren Aregistote Office / Mulicos.	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member **Title Name Address Type of Action** Andrew Seeley owner Add Amor Andrew Seeley manager Premove □ Add ☐ Remove □ Add □ Add □ Remove □ Add _□ Remove

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			······		<u>.</u>
fective date, if	other than the date	of filing:		(opti	ional)
e effective date m	ust be specific, cannot be p ent is filed by the Florida D			not be more than 90 days	after
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Filing Fee: \$25.00

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