## M4000166019

(Red	questor's Name)	
- (Ado	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Name	e)
(Do	cument Number)	
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O SIMMONS DEC 0 9 2020

## **COVER LETTER**

TO:		stration S sion of Co		ons			
SUBJE	CT.		.*	TONY'S OF PON	TE VEDRA BEACH, LI	rc .	
SUBJE	.C.I: _			Name of Lim	ited Liability Company		· · · · · · · · · · · · · · · · · · ·
The end	closed	Articles o	of Ameno	iment and fee(s) are sub	mitted for filing.		
Please r	return :	all corresp	ondence	concerning this matter	to the following:		
					C. L. Hall		
					Name of Person		
				Hall A	ccounting & Tax Servi	ces LLC	
					Firm/Company		
					P. O. Box 442077		
			J		Address		
				Ja	cksonville, FL 32222		
					City/State and Zip Code		
					daHelpingNetwork@us to be used for future annua		
For furt	ther in	formation	concern	ing this matter, please c		. report notification	,
		C. L. F				34-4137	
			of Persor	<del></del> .	at () Area Code		phone Number
		Name	OI I CISOI	ı	Area Code	Daytine ren	phone Number
Enclose	ed is a	check for	the follo	wing amount:			
≣ \$25	5.00 Fi	ling Fee		330.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mail</u>	ing Addr	ess:		Street A	Address:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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**

TONY'S OF PO	NTE VEDRA BEACH LLC : 1711	Time Head	· <i>ć</i> .
(Name of the Limited	Liability Company as it now appears of Florida Limited Liability Company)	n our records.)	
he Articles of Organization for this Limited Lial lorida document numberL14000166019	pility Company were filed on	0/24/2014	and assigned
his amendment is submitted to amend the follow	ving:		
If amending name, enter the new name of t	he limited liability company here	:	
he new name must be distinguishable and contain the wor	ds "Limited Liability Company." the design	gnation "LLC" or the	abbreviation "L.L.C."
inter new principal offices address, if applicat	ole:		
Principal office address MUST BE A STREET	ADDRESS)		
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE B	<u> </u>		
If amending the registered agent and/or reggent and/or the new registered office address		ords, <u>enter the n</u>	ame of the new registe
Name of New Registered Agent:	Maria L. Modica		
New Registered Office Address:	302 Solano Road, Suite	: D	
The state of the s	Enter Florida	street address	
	Ponte Vedra Beach	Ulovido	32082

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

Zip Code

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>	Name	Address - J. S F. St. 2	Type of Action
AMBR	Maria L. Modica	302 Solano Road, Suite D	■Add
		Ponte Vedra Beach, FL 32082	Remove
			□Change
<del></del>			□Add
			□Remove
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		<del> </del>	□Add
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			Change

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·	
. Effective date, if other than the date of filing:	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after cord is filed.	the
Dated Oct 23, 2020 Madica	
Signature of a member or authorized representative of a member	
Maria L. Modica  Typed or printed name of signce	

Filing Fee: \$25.00