

L15000079910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

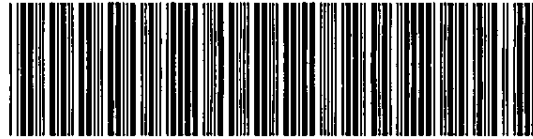
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400273600374

06/05/15--01018--004 \*\*30.00

FILED  
2015 OCT 14 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan OCT 14 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SIESTA KEY PROMOTIONAL GROUP 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:

TIM ULLY  
Name of Person

SIESTA KEY DELIVERY  
Firm/Company

2055 SIESTA DRIVE # 5322  
Address

SARASOTA FL 34277  
City/State and Zip Code

SIESTAKY@DELIVERY@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIM ULLY at (941) 527-1444  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 8, 2015

TIM LALLY  
2055 SIESTA DRIVE #5322  
SARASOTA, FL 34277

SUBJECT: SIESTA KEY PROMOTIONAL GROUP LLC  
Ref. Number: L15000079910

We have received your document for SIESTA KEY PROMOTIONAL GROUP LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(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).

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 215A00011963

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2015 OCT 14 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SIESTA KEY PROMOTIONAL GROUP 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 5.3/5.6 and assigned  
Florida document number L15000079910 EFFRONE/FILED

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SIESTA KEY DELIVERY LLC

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)

2055 SIESTA DRIVE #5322  
SARASOTA FL 34277

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2055 SIESTA DRIVE #5322  
SARASOTA FL 34277

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:

DAVE

New Registered Office Address:

LAWS

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.

DAVE  
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          | TIM WILLY   | SAME           | <input checked="" 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         |
|              |             |                | <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         |

RECEIVED  
FALLAMASSA, N.J.

FILED  
2015 OCT 14 PM 2:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated

June 2nd, 2015.

Signature of a member or authorized representative of a member

Typed or printed name of signee