

L16 000 006141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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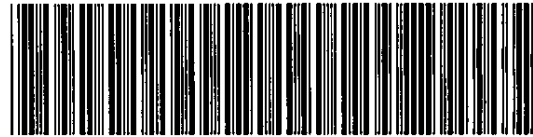
(Business Entity Name)

(Document Number)

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FILED
17 MAY 22 AM 7:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 23 2017
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Spout FUB LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

William Garvie
(Contact Person)

(Firm/Company)

315 Shell Ave SE
(Address)

Fort Walton Beach, FL 32547
(City/State and Zip Code)

For further information concerning this matter, please call:

Kelly Lewis at (850) 499-7635
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

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

The Soat FwB 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 1/08/2016 and assigned Florida document number 16000006141.

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)

~~315 Shell Ave SE
Fort Lauderdale FL
33308~~

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

315 Shell Ave SE
FWB, FL 32547

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 | William Garvie | 315 Shell Ave SE | <input checked="" type="checkbox"/> Add |
| | | Fort Walton Beach, FL | <input type="checkbox"/> Remove |
| | | 32548 | <input type="checkbox"/> Change |
| MGR | Martha Garvie | 315 Shell Ave SE | <input checked="" type="checkbox"/> Add |
| | | Fort Walton Beach, FL | <input type="checkbox"/> Remove |
| | | 32548 | <input type="checkbox"/> Change |
| MGR | Kelly Lewis | 38 Oakdale Rd | <input type="checkbox"/> Add |
| | | Fort Walton Beach | <input checked="" type="checkbox"/> Remove |
| | | FL 32547 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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TALLAHASSEE, FLORIDA
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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 May 10th, 2017.

Polly R. Lewis
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Kelly R Lewis
Typed or printed name

Typed or printed name of signee