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(Red	questor's Name)	
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(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:		
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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eun ir <i>e</i> r.		ır Cafe, LLC		
SUBJECT:	_	Name of Limi	ted Liability Company	
The enclose	d Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please returi	n all correspo	ndence concerning this matter t	to the following:	
		Harry S Warren		
		 -	Name of Person	
			Firm/Company	<u>, 414</u>
		9417 Auger Avenue		
		Port St. Joe, FL 32456	Address	
		warren_s@bellsouth.net	City/State and Zip Code	
		E-mail address: (to	o be used for future annual report not	ification)
For further i	nformation co	oncerning this matter, please ca	11:	
Harry S. W	arren/		770 313-5486	
	Name of	^r Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.001	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:

, c

TO:

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

San Dollar Cafe, LLC		
(<u>Name of the Limi</u>	ted Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)
The Articles of Organization for this Limited L.	iability Company were filed on	03/29/2016 and assigned
lorida document number L16000062272	·	
his amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name of	f the limited liability company	here:
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
Principal office address MUST BE A STREI	ET ADDRESS)	<u>PSS</u> 78
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		11. 11. 12. 12. 12. 12. 12. 12. 12. 12.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		PRI .
	<u> </u>	A
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		on our records, <u>enter the name of th</u>
	9417 Auger Avenue	
New Registered Office Address:		Horida street address
	Port Saint Joe	. Florida <u>32456</u>
	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>	Type of Action
MGR	Alexander A. Neville	9417 auger Avenue	
		Port St. Joe, FL 32456	
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fective date, if other than the date of filing:		t ional) er filing.) Pui	rsuant to	605.020
ote: If the date inserted in this block does not meet the applicable statu	tory filing requirements, th	is date will	not be	listed a
cument's effective date on the Department of State's records.				
				. 12 .
record specifies a delayed effective date, but not an effe The 90th day after the record is filed.	ective time, at 12:01	a.m. on	me ea	eriier (
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nted				
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Signature of a member or authorized repre	esentative of a member			_

Page 3 of 3

Filing Fee: \$25.00