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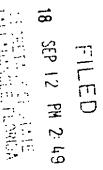
(1	Requestor's Name)	
(.	Address)	
(,	Address)	
	City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions	to Filing Officer:	





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O SIMMONS SEP 1 4 2018

COVER LETTER

TO:	Registration Sec Division of Corp		•	
oun u		r Cafe, LLC		
SUBJI	ECT:	Name of Limi	ted Liability Company	
The er	iclosed Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please	return all correspon	ndence concerning this matter I	to the following:	
		Harry S. Warren		
			Name of Person	
		Sand Dollar Cafe, LLC		
		***	Firm/Company	
		301 B Monument Avenue	е	
			Address	
		Port St. Joe, FL 32456		
		warren_s@bellsouth.net	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notif	ication)
For fu	rther information co	oncerning this matter, please ca	all:	
	Name of	S. Daniera	at () Area Code Daytime	Talanhana Number
	Name of	retson	Area Code Dayumo	. rerephone Number
Enclo	sed is a check for th	ne following amount:		
■ \$3	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:

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

y Company as it now appears on our records Limited Liability Company)	i <u>.</u>)
ompany were filed on 3/29/18	and assigned
<u> </u>	
ited liability company here:	
ited Liability Company," the designation "LLC"	" or Iffe abbreviation "L.L.C."
	8 T
RESS)	2 P
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	2. O
tered office address on our records ress here:	s, enter the name of the n
Enter Florida street addres.	5
, Flo	orida Zip Code
	tered office address on our records ress here: Enter Florida street address,

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	
			☐ Remove
			☐ Remove
			☐ Change
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	-		SE Remove
			TO HOLD
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			Remove
			☐ Change

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fective date, if other than the date of filing:	(ontional)
an effective date is listed, the date must be specific and cannot be prior to date of fil	ling or more than 90 days after filing.) Pursuant to 605.020
ote: If the date inserted in this block does not meet the applicable statuto ocument's effective date on the Department of State's records.	ory filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an effe	ctive time, at 12:01 a.m. on the earlier of
The 90th day after the record is filed.	
A 100 0040	
August 30, 2018	
1/ Smith 1/ laure	
Signature of a member or authorized repres	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00