# 16000145872

(Re	questor's Name)		
(Address)			
(Ad	dress)		
(Cit	y/State/Zip/Phone	<del>:</del> #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nam	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		

Office Use Only



000291077450

10/13/16--01008--013 \*\*25.00

FILED

16 NOV -7 PH 2: 52

DIVISION OF COSPORATIONS

O SIMMONS NOV - 9 2016



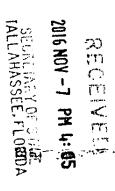
### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 14, 2016

JULIA SISK 1857 WELLS RD, STE 2 ORANGE PARK, FL 32073

SUBJECT: CAPTAINS CHOICE BAR & GRILL, LLC

Ref. Number: L16000145872



We have received your document for CAPTAINS CHOICE BAR & GRILL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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.

Octavia I Simmons Regulatory Specialist II

Letter Number: 116A00022154

# **COVER LETTER**

		ation Secti of Corpo		•	<b>₹</b> #
SUBJEC		ptains Cho	ice Bar & Grill, LLC		
SUBJEC	. 1		Name of Lim	ited Liability Company	
The enclo	osed Art	icles of Ar	mendment and fee(s) are sub	emitted for filing.	
Please ret	turn all o	correspond	lence concerning this matter	to the following:	
			Julia Sisk		
				Name of Person	<del></del>
			Continental Realty of Jax,	Inc.	
	Firm/Company				
1857 Wells Road, Suite 2					
			<del></del>	Address	
			Orange Park, FL 32073		
			#F91.12	City/State and Zip Code	
			Julia@crjax.com		
			E-mail address: (	to be used for future annual report no	tification)
For further	er inform	nation con-	cerning this matter, please ca	all:	
Julia Sisl	k			904 716-5403	
	•	Name of P	erson	Area Code Daytii	me Telephone Number
Enclosed	is a che	ck for the	following amount:		
\$25.0	0 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Captains Choice Bar & Grill, LLC					
(Name of the Limited	Liability Compa Florida Limited	ny as it now appear Liability Company)	s on our records.)	<del>.</del>	
The Articles of Organization for this Limited Lia	bility Company	were filed on 08/	04/2016	and assig	ned
Florida document number	878.	L16000	145872		
This amendment is submitted to amend the follow	ving:		CRTI	NVESTMO	FNTS,
A. If amending name, <u>enter the new name of t</u>	he limited liab	ility company he	<u>re</u> :	. –	
Continental Investments, LLC	5 Unver	etments	uc		
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the d	esignation "LLC" or the	abbreviation "L.L.	<del>C."</del>
Enter new principal offices address, if applical	ole:	1857 Wells Roa	d	<u> </u>	
Principal office address MUST BE A STREET		Suite 2		NOISING C	
Transparoffice unitess MOST BE A STREET ADDRESS		Orange Park, FI	. 32073	NON C	Married and
				PH 2: 1	m
Enter new mailing address, if applicable:	•	<del></del>		2 7 2 7	
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>			# 52 G#6	
B. If amending the registered agent and/or the new registered offi			our records, ente	er the name of	the new
Name of New Registered Agent:	Julia Sist.	JULIA	Sisk		
New Registered Office Address:	1857 Wells Ro	ad, Suite 2			
	<del></del>	Enter Flor	ida street address		
	Orange Park		, Florida	32073	
	<del></del>	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

Page 1 of 3

'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	Type of Action
AMGR	Julia Sisk	45413 Circle Drive	
		Callahan, FL 32011	☐ Remove
			☐ Change
AMGR	Ronald Fasbender, Jr	4224 Peach Tree Circle E	<b>≅</b> Add
`		Jacksonville, FL 32207	□ Remove
		<del></del>	Change
<del></del>		<del></del>	Add
		***	Remove
	<del></del>		Remove  Change  Change  Change  Reflove
			्रं Ci ☐ Change
			☐ Remove
		**************************************	Change
			□ Add
			Remove
			☐ Change

If àmending any other information, enter change(s) here:	
, , ,	
The state of the s	
	<del></del>
	to the state of th
	<u></u> .
	16 NDV -7 PM 2:
	P∦ 2:
	1. 52 1. DHS
	<u>্</u>
Effective date, if other than the date of filing:  f an effective date is listed, the date must be specific and cannot be prior to  Note: If the date inserted in this block does not meet the applicab document's effective date on the Department of State's records.	
ne record specifies a delayed effective date, but not . The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier of
October 10 2016	_•
Dated	_•
Dated October 10 , 2016  Signature of a member or authoric	zed representative of a member

Page 3 of 3

Filing Fee: \$25.00