

L16000202260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

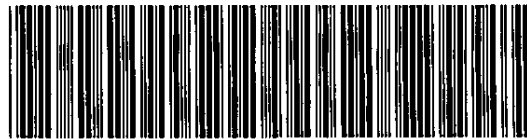
(Document Number)

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MAY 23 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2017

AUDLEY HUMES
1250 BROOKWOOD FOREST BLVD
APT 7106
JACKSONVILLE, FL 32225

SUBJECT: SKY LEVEL LOUNGE, LLC
Ref. Number: L16000202260

We have received your document for SKY LEVEL LOUNGE, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 317A00007691

2017 MAY 22 PM 2:12

TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SKY LEVEL LOUNGE, 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:

AUDLEY HUMES

Name of Person

Firm/Company

1250 BROOKWOOD FOREST BLVD APT #7106

Address

JACKSONVILLE, FL 32225

City/State and Zip Code

SIMEONAH27@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AUDLEY HUMES

904
at ()

536-0503

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

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

SKY LEVEL LOUNGE, 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 11/02/2016 and assigned
Florida document number L16000202260.

This amendment is submitted to amend the following:

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

TABBS, 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:

4512 SW SAVONA BLVD

(Principal office address MUST BE A STREET ADDRESS)

PORT SAINT LUCIE, FL 34953

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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	TRACEY HENDERSON	4512 SW SAVONA BLVD	<input checked="" type="checkbox"/> Add
		PORT SAINT LUCIE, FL 34953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DENEEN SNOOK	4512 SW SAVONA BLVD	<input checked="" type="checkbox"/> Add
		PORT SAINT LUCIE, FL 34953	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AJIA HARRIS	4512 SW SAVONA BLVD	<input checked="" type="checkbox"/> Add
		PORT SAINT LUCIE, FL 34953	<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

11

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Audley Humer
Signature of a

AUDLEY HUMES

Page 3 of 3

Filing Fee: \$25.00