

L17 000 190068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

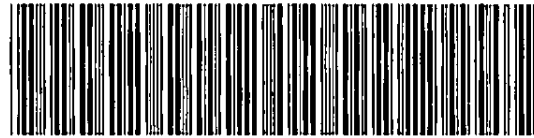
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2017 OCT 12 P 3:02

CLERK OF SUPERIOR COURT

D SCOTT  
OCT 13 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WILD ATLANTIC WAY 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:

DENISE MORRILL

\_\_\_\_\_  
Name of Person

LIQUOR LICENSE PROFESSIONALS LLC

\_\_\_\_\_  
Firm/Company

725 N MAGNOLIA AVE

\_\_\_\_\_  
Address

ORLANDO FL 32803

\_\_\_\_\_  
City/State and Zip Code

denise@liquorlicenseprofessional.com

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

For further information concerning this matter, please call:

DENISE MORRILL

904 377-7610  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

TALLAHASSEE, FL 32301

2017 OCT 12 P 3:02

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

WILD ATLANTIC WAY 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 SEPTEMBER 7, 2017 and assigned  
Florida document number L17000190068.

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 "L.L.C." or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**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          | LIAM BURKE      | 1414 S ATLANTIC AVE       | <input type="checkbox"/> Add               |
|              |                 | NEW SMYRNA BEACH FL 32169 | <input checked="" type="checkbox"/> Remove |
|              |                 |                           | <input type="checkbox"/> Change            |
| MGR          | WILLIAM J BURKE | 1414 S ATLANTIC AVE       | <input checked="" type="checkbox"/> Add    |
|              |                 | NEW SMYRNA BEACH FL 32169 | <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            |

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2017 OCT 12 PM 3:02  
TALLAHASSEE FLORIDA

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08-12-2011 BY 60322  
UCBAW/BJA

(optional)

2021 OCT 12 7 3:00

Dated OCTOBER 6 2017

Signature of \_\_\_\_\_

RICHARD FLANIGAN

Signature of a member or authorized representative of a member

RICHARD FLANIGAN

Typed or printed name of signee