

L17 000 209 731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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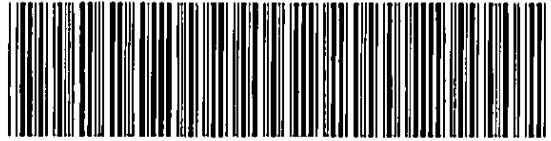
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

L25

**WEAVER ♦ LOVELESS**  
**LAW**

June 3, 2024

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

*Re: BUTCH'S HIDEAWAY LLC / Document No. L17000209731*

Dear Sir or Madam:

Enclosed please find the original Articles of Amendment to Articles of Organization for BUTCH'S HIDEAWAY LLC.

Also enclosed please find Weaver Loveless Law Trust Account Check #6857 in the amount of **\$25.00** for the filing fees.

If you should have any questions or need anything further, please do not hesitate to call.

Sincerely yours,



Melissa Shields  
Florida Registered Paralegal

/s/ms

Enclosures

cc: Mr. and Mrs. Phillip N. Butler

James M. Weaver, Esq.\*  
Shelby L. Loveless, Esq.  
\*Also Admitted in Georgia

240 E. Park Ave  
Lake Wales, FL 33853

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BUTCH'S HIDEAWAY 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:

DONNA H. BUTLER

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

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

2649 MAR LISA COVE ROAD

\_\_\_\_\_  
Address

LAKE WALES, FL 33898

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

redmadden1@cs.com

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

For further information concerning this matter, please call:

DONNA H. BUTLER

863 528.3321  
at ( )

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## BUTCH'S HIDEAWAY LLC

**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	DONNA H. BUTLER	2649 MAR LISA COVE ROAD	<input type="checkbox"/> Add
		LAKE WALES, FL 33898	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	EMMA JOI JENKINS	2649 MAR LISA COVE ROAD	<input type="checkbox"/> Add
		LAKE WALES, FL 33898	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PHILLIP N. BUTLER	2649 MAR LISA COVE ROAD	<input checked="" type="checkbox"/> Add
		LAKE WALES, FL 33898	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DONNA H. BUTLER	2649 MAR LISA COVE ROAD	<input checked="" type="checkbox"/> Add
		LAKE WALES, FL 33898	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AUTHORIZED REPRESENTATIVE	ANTHONY W. LATINO, SR.	C/O 2649 MAR LISA COVE ROAD	<input checked="" type="checkbox"/> Add
		LAKE WALES, FL 33898	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

ANTHONY W. LATINO, SR. SHALL BE SHOWN AS AN AUTHORIZED REPRESENTATIVE

FOR THE LIMITED LIABILITY COMPANY.

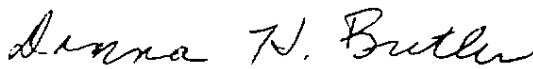
**E. Effective date, if other than the date of filing: MAY 30, 2024 (optional)**

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated MAY 30, 2024



Signature of a member or authorized representative of a member

DONNA H. BUTLER

Typed or printed name of signee

**Filing Fee: \$25.00**