## 417000222193

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PICK-UP WAI	T MAIL
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## **COVER LETTER**

Registration Section

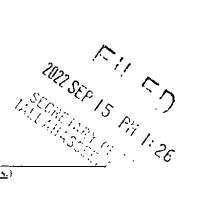
Division of Corporations

TO:

SUBJECT:	Name of Lin	nited Liability Company	
	Nume of Bill	med Entonity Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Gary Taylor		
		Name of Person	<u> </u>
	Jane Wayne Concessions,	LLC	
		Firm/Company	<u> </u>
	2930 Umbrella Tree Dr		
		Address	
	Edgewater, FL 32141		
	·	City/State and Zip Code	
	gary.pitmaster@gmail.com		
	E-mail address: (	to be used for future annual report not	titication)
For further information of	concerning this matter, please c	all:	
Gary Taylor		386 478-9124	
Name c	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he 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 Addres		<u>Street Address:</u> Registration Sc	ection
Registration :	300111111		
Division of C P.O. Box 632	Corporations	Division of Co The Centre of	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Jane Wayne Concessions, 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 Cor	npany were filed on <u>3/1/2022                                 </u>	and assigned
Florida document number L17000222193	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
Seaside Food & Rentals, LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del>_</del>	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	gnation "LLC" or the abbreviation "L.L.C."  ords. enter the name of the new registered
	, Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered agential being filed to merely reflect a change in the registered company has been notified in writing of this change.	plete performance of my duties, ar ut as provided for in Chapter 605.	nd I am familiar with and F.S. Or, if this document is

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>	Address	Type of Action
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
	<u> </u>		
		□Remove	
			□Remove
			□Change
			□Remove
			□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Effectiv	date, if other than the date of filing:	
lf an effe <u>Note:</u> l	ive 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 603 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list t's effective date on the Department of State's records.	
e record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after.	r the
5	eptember 9 2022)	
Dated _		
	- / ( - )	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00

## State of Florida Department of State

I certify from the records of this office that SEASIDE FOOD & RENTALS, LLC was a limited liability company organized under the laws of the State of Florida, filed on June 14, 2022, effective June 15, 2022.

The document number of this limited liability company is L22000270681.

I further certify that said limited liability company was voluntarily dissolved on September 9, 2022, effective September 9, 2022.

LOOK! We opened this LLC. . Hier Realized the Name we should have just changed the Name of our existing one ... So, this is what is prompting the Name Change. There is prompting the Name Change. There is

This is Also why we closed this one Above!

Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Eleventh day of September, 2022



Secretary of State

Authentication ID: 600394215936-091122-L22000270681

To authenticate this certificate visit the following site, enter this ID, and then follow the instructions displayed.

https://efile.sunbiz.org/certauthver.html