L18000003936

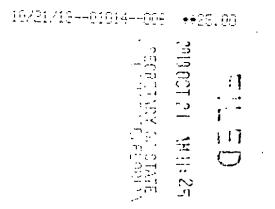
(Requestor's Name)
(Addison)
(Address)
(Address)
(Fiduless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



000335294620



** SUILKER NOV 1 2 2019

COVER LETTER

TO:	Registration Se Division of Cor			,
ou nu		Promotions, LLC		
SOBJ	ECT:		ited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Kim Whitlock		
			Name of Person	
		Dalmatian Promotions		
			Firm/Company	
		75 12th St S		
			Address	
		Jacksonville Beach, FL 32	250	
			City/State and Zip Code	
		kimwhitlock@1-800boardu	•	
			to be used for future annual report notifi	cauon)
For fu	rther information co	oncerning this matter, please ca	all:	
Beth 1	Toenies		904 758-8000	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	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

Dalmatian Promotions, LLC		<u>_</u>
(<u>Name of the Limited I</u> (A	.iability Company as it now appears on our records. Florida Limited Liability Company))
The Articles of Organization for this Limited Liabi Florida document number $\frac{1.18000003936}{1.18000003936}$	lity Company were filed on 01/05/2018	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	- 1.00 OT - 1.
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		enter the name of the nev
New Registered Office Address:	Enter Florida street address	-
-	Flor	rida Zip Code
New Registered Agent's Signature, if changing Reg	City istered Agent:	г.ір С.оае

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>	Type of Action
MGR	MICHAEL HOSTO CEO	75 12TH ST JACKSONVILLE BEACH, FL 32250	
			🗖 Remove
			■ Change
MGR	GEORGE GODFREY PRESIDENT	75 12TH ST S JACKSONVILLE BEACH, FL 32250	Add
		***************************************	Remove
			Change
MGR	BETH TOENIES COO	75 12TH ST S JACKSONVILLE BEACH, FL 32250	Add
			☐ Remove
			☐ Change
MGR	LISA HOSTO SECRETARY	75 12TH ST S JACKSONVILLE BEACH, FL 32250	Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove

				il sheets, if necessary.)	
					
_					
					
	- ·			<u>.</u> .	
			•		
					
					
					
	_				
		·			
-	 				
				· · · · · · · · · · · · · · · · · · ·	
		<u></u>			
<u></u>					
effective date is listed, t	he date must be specif I in this block does	not meet the applic	no date of filing or more able statutory filing r	(optional) than 90 days after filing.) be equirements, this date w	Pursuant to 605.020 ill not be listed as
record specifies a ne 90th day after			et an effective tim	ne, at 12:01 a.m. o	n the earlier o
ed OCTOBER 10		29/9 //	/_/		
	Signature	of a member or author	orized representative of	a member	
	<u>C</u>				

Page 3 of 3

Filing Fee: \$25.00