

2/14/22, 11:08 AM

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC
Account Number : I20190000062
Phone : (239)850-9451
Fax Number : (866)929-0535

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: cj@marcoISLANDBREWery.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MARCO SPEAK, LLC**

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

K. SALY

FEB 15 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARCO SPEAK, 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:

CHARLES L MONTWYLER III

Name of Person

MARCO SPEAL LLC

Firm/Company

1089 N COLLIER BLVD #426-429

Address

MARCO ISLAND, FL 34145

City/State and Zip Code

CJ@MARCOISLANDBREWERY.COM

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

For further information concerning this matter, please call:

KATHY LONG

239 850-9451
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

Text

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

MARCO SPEAK, 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 02/08/2018 and assigned
Florida document number L18000036204

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1106 1/2 N COLLIER BLVD #103-104

MARCO ISLAND, FL 34145

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1089 N COLLIER BLVD #426-429

MARCO ISLAND, FL. 34145

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:

CHARLES L MUNTWYLER III

New Registered Office Address:

1089 N COLLIER BLVD #426-429

Enter Florida street address

MARCO ISLAND

Florida

34145

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	HANS W SCHWEIGHOEFER	1649 MCILVAINE COURT	<input type="checkbox"/> Add
		MARCO ISLAND, FL 34145	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE
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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-13-2010 BY 60322

Notes: 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.

Detrend

Feb 8th 2022

Signature of a member or authorized representative of a trade association

Signature of a member or authorized representative of a member

WANS SCHWIGINOEFER

Typed or printed name of signer

Filing Fee: \$25.00