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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FIREBIRDS OF DANIA BEACH, LLC

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H23000275564

FIREBIRDS OF DANIA BEACH, LL		
(Name of the Limited)	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	ility Company were filed on 03/16/2018	and assigned
Florida document number L18000066604	·	
This amendment is submitted to amend the following	ing:	
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 abl	breviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(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>	
		<u>. </u>
B. If amending the registered agent and/or registered office address h	stered office address on our records, <u>enter the nam</u> e tere:	e of the new registered
		023
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	. Florida	
_	City	Žip Code
New Registered Agent's Signature, if changing Regi	istered Agent:	- -
provisions of all statutes relative to the proper of accept the obligations of my position as register	igent and agree to act in this capacity. I further agrand complete performance of my duties, and I am forced agent as provided for in Chapter 605, F.S. Or, istered office address, I hereby confirm that the liminge.	amiliar with and 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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CHARLES BLANKENSHIP	8700 RED OAK BLVD, STE J	
		CHARLOTTE, NC 28217	□ Remove
MGR	CHRISTOPHER OLSON	8700 RED OAK BLVD, STE J	□Add
		CHARLOTTE, NC 28217	⊞ Remove
			□Add
			🗆 Remove
			☐ Change
			□Add
			⊏Remove
			□Change
			□Add
			□Remove
			Change
		.	□ Add
			□ Rетюче
			☐ Change

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f amending any other inform	mon, enter change(s) o	ere: (Anach aaanno	nai sneets, ij necess	ary.)
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ffective date, if other than the an effective date is listed, the date multote: If the date inserted in this blocument's effective date on the E	lock does not meet the app	licable statutory filing	(options to then 90 days after filing requirements, this days	nl) ng.) Pursuant to 605.0207 te will not be listed as
record specifies a delayed effective is filed.	e date, but not an effective	e time, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
AUGUST 8	, 2023	·		
\mathcal{L}	to ska			
	Signature of a member or au	thorized representative of	f a member	

Filing Fee: \$25.00

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