

L18000093792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

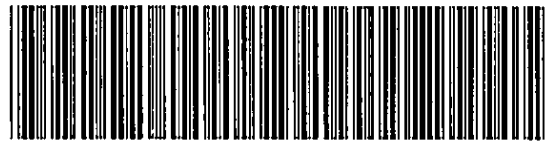
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JUN -8 PM 3:04
SECRETARY OF STATE
HARRISBURG, PENNSYLVANIA

JUN 10 2020

M. SOLOMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sloan's Seafood 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:

Aaron Sloan
Name of Person

Sloan's Seafood LLC
Firm/Company

13560 SW 03rd Place
Address

Cedar Key, FL 32625
City/State and Zip Code

sloansseafood@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jessica Sloan at (352) 425-9287
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

**Check mailed w/ original docs.*

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Sloan's Seafood

(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 1/8/2019 and assigned
Florida document number L18000093792.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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STATE OF FLORIDA
SECRETARY OF STATE

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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>
AMBR	Jessica Sloan	13560 SW 63 rd Pl.	<input checked="" type="checkbox"/> Add
		Cedar Key, Fl 32625	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Lined area for amending information.

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E. Effective date, if other than the date of filing: _____ (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 6/5/2020



Signature of a member or authorized representative of a member

Aaron Sloan

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2020

AARON SLOAN
SLOAN'S SEAFOOD
13560 SW 63RD PLACE
CEDAR KEY, FL 32625

SUBJECT: SLOAN'S SEAFOOD, LLC
Ref. Number: L18000093792

We have received your document for SLOAN'S SEAFOOD, LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a Florida Profit Corporation, but your entity is a Florida Limited Liability Company. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 220A00007464

RECEIVED
JUN 8 2020