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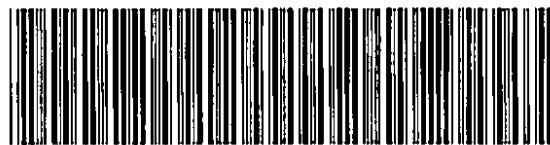
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18 AUG 30 AM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

AUG 30 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2018

SD BANQUET HALL LLC
DWIGHT A BLAKE
6618 CARRINGTON SKY DR.
APOLLO BEACH, FL 33572

SUBJECT: SD BANQUET HALL LLC
Ref. Number: L18000158914

We have received your document for SD BANQUET HALL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 018A00016262

Corrected

40

2018 AUG 10 AM 10:06

2018 AUG 10 AM 10:06

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SD Banquet Hall 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:

Dwight A Blake
Name of Person

SD Banquet Hall LLC DBA SD Banquet Hall
Firm/Company

6618 Carrington Sky Drive
Address

Apollo Beach, FL 33572
City/State and Zip Code

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

For further information concerning this matter, please call:

Dwight Blake at (813) 454-6006 #
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SD Banquet Hall 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 June 28, 2018 and assigned Florida document number L18000158914.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SD Banquet Hall LLC

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)

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>
MBR/MGR	Dwight Blake	6618 Carrington Sky Dr	<input checked="" type="checkbox"/> Add
		Apollo Beach, Fl. 33572	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	Cassidy A Blake	6618 Carrington Sky Dr.	<input type="checkbox"/> Add
		Apollo Beach, Fl. 33572	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tiffany C. Blake	6618 Carrington Sky Dr	<input type="checkbox"/> Add
		Apollo Beach 33572	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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STATE OF FLORIDA
DEPT OF REVENUE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 1.23.2018

Signature of a member or authorized representative of a member

Dwight Blake
Typed or printed name of signer

Typed or printed name of signee