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| (Re | equestor's Name) | |
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| ————(Ad | dress) | |
| (Ad | dress) | |
| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only

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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

| SUBJECT: | et HALL, LLC | | |
|-------------------------------|--|---|---|
| | Name of Lin | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | | | |
| | - | Name of Person | |
| | | Firm/Company | |
| | | Address | |
| | | City/State and Zip Code | |
| | | to be used for future annual report not | ification) |
| | oncerning this matter, please c | | |
| Name o | f Person | at () Area Code Daytin | ne Telephone Number |
| Enclosed is a check for the | ne 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 Addres Registration S | | <u>Street Address:</u> Registration Se | ation |
| Division of C | | Division of Co | |
| P.O. Box 632 | 7 | The Centre of T | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 06/28/2018 | 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: | |
| 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: | |
| · . | |
| agent and/or the new registered office address here: | ime of the new registered |
| | 7971 |
| New Registered Office Address: Enter Florida street address | |
| a document number L18000158914 mendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: w name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." new principal offices address, if applicable: inpul office address MUST BE A STREET ADDRESS) new mailing address, if applicable: ing address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City Lip Code Lip Code | |
| | Zip Code |
| provisions of all statutes relative to the proper and complete performance of my duties, and I ar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. C | n familiar with and or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|----------------|-----------------------------------|----------------|
| MGR | Kameika Bonner | 5676 Tranquility Oaks Dr unit 202 | ■Add |
| | | Tampa, F1 33624 | □Remove |
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| - Transferred to A 1811 | Blake Address to 10100 East Highway 92 Tampa, Fl 33610 | |
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| | 09/01/2021 | |
| ective date, if other than the o | date of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to the specific and cannot be prior to date of filing or more than 90 days after filing.) | 605 0207 i |
| te: If the date inserted in this blo | ack does not meet the applicable statutory filing requirements, this date will not be l | listed as t |
| cument's effective date on the De | partment of State's records. | |
| | | |
| cord specifies a delayed effective | date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a | fter the |
| is filed. | | |
| , September 30 | 2021 | |
| ted | 2021 | |
| | | |
| | | |
| // | Signature of a member or authorized representative of a member | |

Typed or printed name of signee