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## **COVER LETTER**

	Conchs LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Wendy Ashley		
	Name of Limited Liability Company  enclosed Articles of Amendment and fee(s) are submitted for filing.  se return all correspondence concerning this matter to the following:  Wendy Ashley  Name of Person  Two Salty Conchs LLC  Firm/Company  2213 SW 40th St  Address  Cape Coral, FL 33914  City/State and Zip Code  wendy.ashley@officedepol.com  E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:  andy Ashley  Name of Person  Area Code  Daytime Telephone Number  S25.00 Filing Fee  Certificate of Status  Certificate of Status  Certificate Of Status  Certificate Of Status  Certificate Of Status		
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:  Wendy Ashley  Name of Person  Two Salty Conchs LLC  Firm/Company  2213 SW 40th St  Address  Cape Coral, FL 33914  City/State and Zip Code  wendy.ashley@officedepot.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Wendy Ashley  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)			
		Name of Limited Liability Company  Int and fee(s) are submitted for filing. Incerning this matter to the following:  Ity Ashley  Name of Person  Salty Conchs LLC  Firm/Company  SW 40th St  Address  Coral, FL 33914  City/State and Zip Code  ashley@officedepot.com  E-mail address: (to be used for future annual report notification)  this matter, please call:  at (	
	2213 SW 40th St		
		Address	<u> </u>
	Firm/Company  2213 SW 40th St  Address  Cape Coral, FL 33914  City/State and Zip Code wendy.ashley@officedepot.com		
	wendy.ashley@officedep		
	E-mail address: (9	to be used for future annual report notifica-	ation)
For further information	concerning this matter, please ca	all:	
Wendy Ashley			
Name	of Person	Area Code Daytime T	elephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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 ARTICLES OF ORGANIZATION **OF**

Two Salty Conchs LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
	ny were filed on August 3, 2018 an	d assigned
(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 August 3, 2018 and assigned Florida document number L18000185975  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 "LLC."  Enter new principal office 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 ne registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  Florida  Florida		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		SECRETARY IV SION OF D
(Mailing address MAY BE A POST OFFICE BOX)		PH 134
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Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida street address	
	City Zip C	Code
New Registered Agent's Signature, if changing Registered Agen	t:	

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	Wendy Ashley	2213 SW 40th St Cape Coral, FL 33914	<b></b>
			■ Add
•			Remove
•		<del> </del>	□ Change
MGR	Jack Carlson		□ Add
		11499 Overseas Hwy Marathon, FL 33050	■ Remove
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Fective date, if other than the n effective date is listed, the date muster. If the date inserted in this blument's effective date on the D	date of filing:t be specific and cannot book does not meet the	applicable statutory	g or more than 90 days a		
record specifies a delayed The 90th day after the rec		ut not an effect	ive time, at 12:0	1 a.m. on the	earlier o
August 15	2018	·			
11/10010	A				
(VVV)	Signature of a pember of	or authorized represer	ntative of a member		

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Filing Fee: \$25.00