

L18000 227 942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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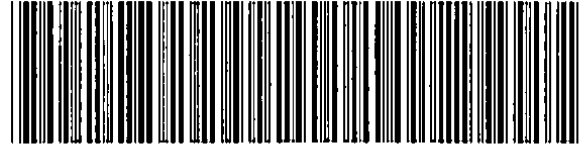
(Business Entity Name)

(Document Number)

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FILED  
2013 AUG 16 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 22 2013

T. LEWIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LAZY RAY'S, 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:

JOSE A. SANTANA III

\_\_\_\_\_  
Name of Person

LAZY RAY'S LLC

\_\_\_\_\_  
Firm/Company

5076 TEATHER STREET

\_\_\_\_\_  
Address

SPRING HILL, FL 34608

\_\_\_\_\_  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE A. SANTANA III

352 556-7617

at ( )

\_\_\_\_\_  
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  
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**

**FILED**

LAZY RAY'S, LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

09/25/2018 3:35 PM  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/25/2018 and assigned Florida document number L18000227942.

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)**

5076 TEATHER STREET

SPRING HILL, FL 34608

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

5076 TEATHER STREET

SPRING HILL, FL 34608

**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:

JOSE A. SANTANA III

New Registered Office Address:

5076 TEATHER STREET

*Enter Florida street address*

SPRING HILL

*City*

Florida 34608

*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 add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DENISE L. CORREA	8404 CAMPHOR DRIVE SPRING HILL, FL 34606	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	JOSE A. SANTANA III	5076 TEATHER STREET SPRING HILL, FL 34608	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	BABA F. BROWN	2431 LANDOVER BLVD. SPRING HILL, FL 34608	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	TORENNER E. STANLEY, JR.	267 GLENN IVY TERRACE SPRING HILL, FL 34608	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	BELINDA ACOSTA	2955 WILLOWLEAF LANE WESLEY CHAPEL, FL 33544	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	JESSICA D. SANTANA	2948 FINCH DRIVE HOLIDAY, FL 34690	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

**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.

Dated AUGUST 12

2019

Signature of a member or authorized representative of a member

JOSE A. SANTANA III

Typed or printed name of signee