## 118000227942

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JAN 2 7 2020 S. YOUNG

## **COVER LETTER**

Tallahassee, FL 32314

TO:	Regi Divi	stration Sect sion of Corpo	cion orations		
SHD IE		LAZY RAYS	S, LLC	,	
SUBJEC	CI;		Name of Lim	ited Liability Company	
The encl	losed	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	eturn	all correspond	dence concerning this matter	to the following:	
			JESSICA D. SANTANA		
				Name of Person	
				Firm/Company	
			2948 FINCH DRIVE		
				Address	
			HOLIDAY, FL 34690		
				City/State and Zip Code	
			E-mail address: ()	to be used for future annual report not	ification)
For furth	ier in	formation cor	neerning this matter, please ca	alt:	
<u>J</u>	2 <b>5</b> £	SI COL Name of I	D. Santara Person		-8889 ne Telephone Number
Enclosed	l is a	check for the	following amount:		
<b>■</b> \$25.	.00 Fi	iling 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)
	Reg Div	ing Address: istration Se ision of Co . Box 6327	ection rporations	Street Address: Registration Se Division of Co The Centre of	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAZY RAY'S, LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our record Liability Company)	<u>is</u> (S
The Articles of Organization for this Limited I Florida document number L18000227942	_iability Company	were filed on 09/25/2018	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if appli		2948 FINCH DRIVE	
Principal office address MUST BE A STREET ADDRESS)		HOLIDAY, FL 34690	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2948 FINCH DRIVE HOLIDAY, FL 34690	
B. If amending the registered agent and/or igent and/or the new registered office addro		address on our records, <u>enter</u>	the name of the new regist
		ANET AND	
Name of New Registered Agent:	JESSICA D. SA	AN LAINA	
New Registered Office Address:	2948 FINCH D		
	HOLIDAY	Enter Florida street addres	
	HOLDAT	, FI	orida 34690 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.

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>	Name	Address	Type of Action
····			□ Add
			□Remove
			□Change
			□Add
			□Remove
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F1 00	12/17/2019
(If an eff <u>Note:</u>	(optional) lective date, if other than the date of filing:  (optional) lective 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 (2)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the left of the date on the Department of State's records.
	d 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 led.
	led.
cord is ti	led.

Filing Fee: \$25.00