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S. YOUNG

## **COVER LETTER**

TO: Registration S Division of Co				
Ski Beach	Restaurant, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Tim Haines			
		Name of Person		
	Gray, Ackerman & Haines	, P.A.		18
		Firm/Company		三里 五
	125 NE 1st Avenue, Suite	1	7.) (:	5 15
		Address	<u> </u>	
	Ocala, FL 34470			FILED  157 -5 14 9: 25  151 -5 14 9: 25
	thaines@gahlaw.com	City/State and Zip Code		F. 61
	E-mail address: (	to be used for future annual report no	tification)	
For further information	concerning this matter, please co	all:		
Tim Haines/Cyndi Schl	obach	352 732-8121		
Name	of Person	Area Code Daytii	me 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 Fe Certificate of \$ Certified Copy (additional copy is	Status &
MAII	LING ADDRESS:	STREET/COUF	RIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ski Beach Restaurant, LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records ed Liability Company)	<u></u> )
The Articles of Organization for this Limited Liability Compa- Florida document number <u>L18000229938</u> .	ny were filed on 9/28/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability 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)		ELD & 9: 25
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address h		, enter the name of the ne
. Name of New Registered Agent:		····
New Registered Office Address:		
	Enter Florida street address	•
		rida
	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>	Type of Action
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Effective date, if other	than the date of filing:the date must be specific and cannot	has region to date of filling as me	(optional)	west to 605 0307
<b><u>Note:</u></b> If the date inserted	d in this block does not meet the	applicable statutory filing	requirements, this date will n	ot be listed as
ocument's effective dat	e on the Department of State's r	ecorus.		
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November 2	2018	}		
Dated	·	·		
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Typed or printed name of signee

Filing Fee: \$25.00