(Re	questor's Name)	
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Hot Sand Ba	g/Y / L.C. ited Liability Company	
	equit of fami	nea manny Company	
The enclosed Articles of A	amendment and feets) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Bom	And Property Name of Person	
		Name of Person	
	Pamos	Regis P. A.	
		Firm/Company	
	<u> 5035 Pa</u>	ilm Ave.	
		Address	
	Hideah	47 330/2 City/State and Zip Code	
	4.4.4.4.4	City/State and Zip Code	1.
	E-mail address: (t	ntine, 5035 @ 27 to be used for future annual report positi	<u>maid. U</u> m
For further information co	ncerning this matter, please cr	7	
Parnon	Pieges	at (<u>205</u>) <u>833</u> Area Code Daytime	-0669
Name of	Person/	Area Code Daytime	· Telephone Number
Enclosed is a check for the	: following amount:		
萬, \$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

ARTICLES OF C	in the second se	's
And Ear Cand Ear Compa	ASS 29 ay as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $_$ \cancel{k} $\cancel{18000235605}$.	were filed on 10/04/18 and assigned	_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Hol Sand Bar & Ente. The new name must be distinguishable and contain the words "Limited Liabil 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)	1241 NE 81 Terr Heami Fl 33138	-
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		new
Name of New Registered Agent:	·	_
New Registered Office Address:	Enter Florida street address	-
	, Florida	

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.

Cuv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = Månager

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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reffective date is liste <u>te:</u> If the date inse		itic and cannot be prior to s not meet the applical		han 90 days after tilir	เลิว) มาเพราะเมษาด บกวาดรถ
	s a delayed effect ter the record is f	tive date, but not filed.	an effective time	e, at 12:01 a.m	. on the earlier o
ed 10/2	4/	2018	_•		
	Signatur	e of a member or author	ized representative of a	member	

Page 3 of 3

Filing Fee: \$25.00