<u>1800247889</u>

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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11/05/18--01037--020 \*\*25.00



**FILED** 2018 NOV -S AM 10: 17 SECRETARY OF STATE

## COVER LETTER

## FO: Registration Section Division of Corporations

Jerry's Tiki Bar at Waterside Grill

SUBJECT: \_

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:

Palma McCall

Name of Person

Jerry's Tiki Bar at Waterside Grill

15001 Gasparilla Road Firm Company Mail to: 12370 Placida Rd, Placida, FL. 33946

Address

Placida, FL. 33946

City/State and Zip Code

callmccall1@gmail.com

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

For further information concerning this matter, please call:

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 radditional 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 Tallabassee, FL 32301

## ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION OF

	2018 NOV - 5 AM 10: 17
Jerry's Tiki Bar at Waterside Grill	SPORETICK OF STATE
( <u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Con	appears on our records;) on ASSEE, FL
The Articles of Organization for this Limited Liability Company were filed	on October 24, 2018 and assigned
lorida document number	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability comp</u>	any 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)	
Enter new mailing address, if applicable:	
B. If amending the registered agent and/or registered office addr	ess on our records, <u>enter the name of the</u>
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	tter Florida street address
<i></i>	
City	, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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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, <u>enter the title, name, and address of each person-being added</u> or removed from our records:

## MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
MGR	Lauren McCall	10152 Peach Ave. Englewood. FL. 34224	🛛 Add
			E Remove
			Change
			Add
		<u></u>	C Remove
		<u> </u>	Change
			🖸 Add
			Remove
			🗆 Change
			🗆 Add
			C Remove
			Change
<u> </u>			O Add
			Remove
			Change
			🛛 Add
			C Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record 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 record is filed.

Dated Oct. 31	2018	
	Falma YNCall Signature of a member or authorized representative of a member	
Palma McCall		

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00