

L19 0000 168 43

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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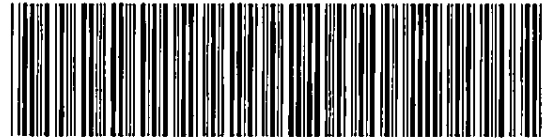
(Business Entity Name)

(Document Number)

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2024 JAN -3 PM 1:03  
TVA-MAR-2024

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tom Patrick McAuliffe 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:

Sharon McAuliffe

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

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

311 Meggs Drive NE

\_\_\_\_\_  
Address

Fort Walton Beach FL 32548

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

smauliffe@nextstopparadise.com

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

2024 JAN -3 PM 1:03  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

Sharon McAuliffe 850 797-2505  
\_\_\_\_\_  
Name of Person at ( ) Daytime Telephone Number  
Area Code

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Tom Patrick McAuliffe LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/15/2019 and assigned  
Florida document number 119000016843

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Sharon McAuliffe LLC

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)**

No change

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

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

No change

**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:

Sharon McAuliffe

New Registered Office Address:

No change

Enter Florida street address

Florida

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>	<u>Type of Action</u>
MGR	Sharon McAuliffe	311 Meggs Drive NE	<input checked="" type="checkbox"/> Add
		Fort Walton Beach FL 32548	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tom P McAuliffe	311 Meggs Drive NE	<input type="checkbox"/> Add
		Fort Walton Beach FL 32548	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF STATE  
TALLAHASSEE, FL  
9/24/2014 1:03 PM

2024 JPH-3 PM 1:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

2024 JUN -3 PM 1:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

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(If an effective 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 (3)(b)

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.

Signature of a member or authorized representative of a member

Sharon McAuliffe

Typed or printed name of signee

**Filing Fee: \$25.00**