

Division of Corporations

L190010321
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000015889 3)))



H240000158893ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HUY JACOB P.A.
Account Number : I20210000156
Phone : (239)790-0123
Fax Number : (239)317-6070

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ELECTRIC LIGHT SPIRITS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED
2024 JAN 11 PM 2:27
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1/11/24 PM 2:52

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 12 2024
T. LEMIEUX

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

(((H24000015889 3)))

ELECTRIC LIGHT SPIRITS, 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 April 24, 2019 and assigned Florida document number 1.19000106321.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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)

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:

New Registered Office Address:

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

(((H24000015889 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H24000015889 3)))

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TIMOTHY M. McCOY	1911 KIRK TERRACE	<input type="checkbox"/> Add
		MARCO ISLAND, FLORIDA 34145	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	TIM KEANEY	242 DAN RIVER COURT	<input type="checkbox"/> Add
		MARCO ISLAND, FLORIDA 34145	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

(((H24000015889 3)))

(((H24000015889 3)))

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

Section 4. Management of Company is amended and restated in its entirety to:

Section 4. Management of Company. The company shall be a manager-managed company. The names and addresses of the initial managers are:

Timothy M. McCoy

1911 Kirk Terrace

Marco Island, Florida 34145

Tim Keaney

242 Dan River Court

Marco Island, Florida 34145

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 JANUARY 11, 2024

Handwritten signature of Timothy M. McCoy

Signature of a member or authorized representative of a member

TIMOTHY M. McCOY

Typed or printed name of signee