L19000136794

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(Address)			
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THE PLANTERS

A. RIVERS

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COVER LETTER

	Registration Sec Division of Corp			<i>x</i> •
611D 1127			GE SANFORD, LLC 🛴 🥻	• \
SUBJEC	JI:	Name of Limit	ted Liability Company	
The encl	osed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please re	eturn all correspo	ndence concerning this matter t	o the following:	
		THOMAS DARNELL		
			Name of Person	
		TIVE CIGAR SHOP AND LOUNGE SANFORD, LLC Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following: THOMAS DARNELL Name of Person Firm/Company 5685 LAKE WASHINGTON ROAD Address MELBOURNE, FL 32934 City/State and Zip Code aeguru@gmail.com E-mail address: (to be used for future annual report notification) on concerning this matter, please call: are of Person at (321) 508-0992 Area Code Daytime Telephone Number		
		5685 LAKE WASHINGTO		
			Address	
		Address MELBOURNE, FL 32934 City/State and Zip Code aeguru@gmail.com		
		E-mail address: (t	o be used for future annual report n	otification)
For furth	her information c	oncerning this matter, please ca	all:	
Thomas	s Darnell			
	Name o	ſ Person	Area Code Day	time Telephone Number
Enclose	d is a check for th	ne following amount:		
■ \$25	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres	<u>885:</u>	Street Address	: Santian

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	•
	diability Company were filed on May 21, 2019	and assigned
lorida document number <u>L19000136794</u>		
his amendment is submitted to amend the foll	lowing:	
. If amending name, enter the new name o	of the limited liability company here:	
IDFO HOSPITALITY, LLC		
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
Principal office address MUST BE A STREI		
The state of the s		
Enter new mailing address, if applicable:		
anter new maining address, it applicable.		
•	(BOX)	
•	<u></u>	
Mailing address MAY BE A POST OFFICE		
Mailing address MAY BE A POST OFFICE		name of the new regis
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or	registered office address on our records, enter the	name of the new regis
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or	registered office address on our records, enter the	name of the new regis
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or gent and/or the new registered office addre	registered office address on our records, enter the	name of the new regis
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	registered office address on our records, enter the ess here: SASSO & SASSO, P.A.	name of the new regis
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or agent and/or the new registered office address.	registered office address on our records, enter the ess here: SASSO & SASSO, P.A. 1031 W. MORSE BLVD., STE. 120	name of the new regis
Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	registered office address on our records, enter the ess here: SASSO & SASSO, P.A.	37780

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>	Address	Type of Action
AMBR	RONALD VAUGHT		□Add
		2725 Center Place, Melbourne, FL 32940	=Remove
			□Change
MGR	ERICA EVERETT		□Add
		225 W. Seminole Blvd., Ste. 108, Sanford, FL 3277	1 ≣Remove
			□Change
AMBR	TDFO HOLDINGS, LLC	225 W. Seminole Blvd., Ste. 108, Sanford, FL 3277	l ≣∧dd
			□Remove
			□Change
VP	JOE DALTON	225 W. Seminole Blvd., Ste. 108. Sanford, FL 3277	l ■ Add
			□Remove
			□Change
			SAdd
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

. If amending any other informat	ion, enter ch	ange(s) here:	(Attach additi	onal sheets, if	necessary)	
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13. 5		 				
		 				
	 					
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E. Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Do	ock noce noch	есстие аррисае	date of filing or rele statutory filin	nore than 90 day ng requirement	(optional) s after filing.) Purs s, this date will	suant to 605.0207 (3 not be listed as th
the record specifies a delayed effective cord is filed.	date, but not	an effective tim	c, at 12:01 a.m.	on the earlier	of: (b) The 90	th day after the
Dated 9/14/2023		c=L	g. Our	Tye of a membe	τ	
Thomas	ignistike bi d'm	Dayne Typed or printed				

Filing Fee: \$25.00



August 19, 2023

THOMAS DARNELL 5685 LAKE WASHINGTON RD. MELBOURNE, FL 32934

SUBJECT: EXECUTIVE CIGAR SHOP AND LOUNGE SANFORD, LLC

Ref. Number: L19000136794

We have received your document for EXECUTIVE CIGAR SHOP AND LOUNGE SANFORD, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6353.

Letter Number: 323A00019181

Alecia Rivers Regulatory Specialist III