

L19000158907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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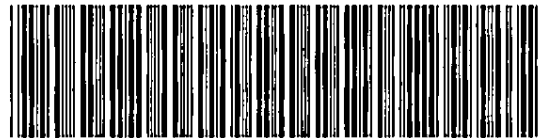
(Business Entity Name)

(Document Number)

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6/17/21



O'CONNOR LAW FIRM
YOUR PERSONAL ATTORNEY

☎ 727-559-5800
☎ 727-556-5936

2240 Belvoir Road, Suite 115
Clearwater FL 33764

yourpersonalattorney.com

April 22, 2021
File No.: 4981-0100

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Articles of Dissolution for Claddagh Restorations, LLC

To Whom It May Concern:

Enclosed please find the signed original and one signed copy of the Articles of Dissolution for the above named Company. We have also enclosed a check in the amount of \$25.00 for the filing fees of this document. Please mail me the copy of the filed documents with the appropriate stamped information in the enclosed self addressed stamped envelope.

If you have any questions, please do not hesitate to call us.

Very truly yours,

O'CONNOR LAW FIRM

Patrick M. O'Connor, Esquire

PMO/psb
Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Chicaboom Fitness Southshore 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:

Jessica Vezilier

Name of Person

Chicaboom Fitness Southshore LLC

Firm/Company

118 Flamingo Drive

Address

Apollo Beach, FL 33572

City/State and Zip Code

tttsdenny@yahoo.com

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

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OFFICE OF THE
CLERK OF THE
SUPREME COURT

For further information concerning this matter, please call:

Jessica Vezilier

813

610-2763

at ()

Name of Person

Area Code

Daytime Telephone Number

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
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CHICABOOM FITNESS SOUTHSORE 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 June 17 2019 and assigned Florida document number L19000158907.

This amendment is submitted to amend the following:

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

Chicaboom Fitness Southshore 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)

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

Chin.

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>
_____	_____	_____	<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
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		_____	<input type="checkbox"/> Change


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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 April 19, 2021.


Signature of a member or authorized representative of a member

Jessica Veilier
Typed or printed name of signee