

L19000 220 766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

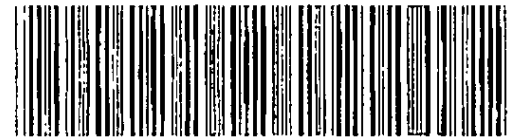
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V. SULKER

SEP 30 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sea Shack, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Cornelius

Name of Person

Firm/Company

307 Columbus Ave

Address

New Smyrna Beach, FL 32169

City/State and Zip Code

jencornelius01@gmail.com

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

For further information concerning this matter, please call:

Jennifer Cornelius

Name of Person

at (480)

Area Code

993-7324

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Sea Shack, 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 August 29, 2019 and :
Florida document number L19000220766.

This amendment is submitted to amend the following:

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

North Beach Surf Shack, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "

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
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

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
_____	_____	_____	☐ A
		_____	☐ R
		_____	☐ C
_____	_____	_____	☐ A
		_____	☐ R
		_____	☐ C
_____	_____	_____	☐ A
		_____	☐ R
		_____	☐ C
_____	_____	_____	☐ A
		_____	☐ R
		_____	☐ C
_____	_____	_____	☐ A
		_____	☐ R
		_____	☐ C
_____	_____	_____	☐ A
		_____	☐ R
		_____	☐ C
_____	_____	_____	☐ A
		_____	☐ R
		_____	☐ C
_____	_____	_____	☐ A
		_____	☐ R
		_____	☐ C

[illegible]

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

Dated September 12, 2019

Jef C.
Signature of a member or authorized representative of a member

Jennifer Cornelius
Typed or printed name of signee