## 119000 241347

(Requestor's Name)
(Address)
(Address)
( and soo,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700341700207

03/10/20--01023--019 \*\*30.00

2020 MAR TO AM TO: 27
SECRETARY OF STATE
TALLAHASSEELET

MAR 26 YOLD

## COVER LETTER

	Registration Se Division of Cor			
SUBTRO		RBOR RESTAURANT LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		PAUL A. ROSEN		
			Name of Person	
		PARSNUG LLC		
			Firm/Company	<del>.</del>
		645 OLD SAN CARLOS	BI,VD	
			Address	
		FORT MYERS BEACH, I	FL 33931	
		PAUL@PARFLA.COM	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		•	to be used for future annual report noti	(ication)
For furthe	er information c	oncerning this matter, please ca	all:	
LAUREN	N DILLARD		239 293-6059 at ( )	
	Name o	f Person		e Telephone Number
Enclosed	is a check for th	he following amount:		
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	[] \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	(additional copy is enclosed)
	Mailing Addres		Street Address:	sti sa
	Registration S Division of C		Registration Sec Division of Cor	
	P.O. Box 632		The Centre of T	•

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## SNUG HARBOR RESTAURANT LLC

( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	i <mark>ny as it now appears on our r</mark> Liability Company)	<u>ecords.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 9/24/2019	and assigned
Florida document number 1.19000241347		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)		2020 HAR SELACLA
	<del>.</del>	
		HA: O
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)	-	<u> </u>
		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>e</u>	nter the name of the new regist
New Registered Office Address:		
	Enter Florida street o	nddress
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr		•

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 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
MGR.	PAUL A. ROSEN	645_OLD. SAN CARLOS BLVD	□Add
		FORT MYERS BEACH, FL 33931	⊠Remove
		<del></del>	🗆 Change
MGR_	PARSNUG_LLC	645_OLD_SAN_CARLOS_BLVD	XAdd
		FORT MYERS BEACH, FL 33931	🗀 Remove
			□Change
MGR	NICHOLAS RULAND	938 PRESCOTT ST	🗆 Add
		FORT MYERS BEACH, FL 33931	lXRemove
			UChange
MGR_	N&M SNUG VENTURE LLC	938 PRESCOTT ST	XIAdd
		FORT MYERS BEACH, FL 33931	□Remove
			UChange
MGR	PETER_ENNIS	2301_GRANDE_OAK_BLVD_#108	🗆 Add
		ESTERO, FL 33928	<b>⋈</b> Remove
			🗆 Change
MGR_	HP SNUG LLC	5581 HARBORAGE DR	<b>IX</b> Add
		FORT MYERS, FL 33908	□Remove
			□Change

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>	Name	Address	Type of Action
.MGR_	LJD-EINANCIAL-LLC_	645_OLD_SAN_CARLOS_BLVD	fXjAdd
		FORT MYERS BEACH, FL 33931	LIRemove
			☐Change
			🗀 Add
			∐Remove
			[] Change
			□Add
			[]Remove
			□Change
			🗆 Add
			□Remove
			il Change
			□Add
			□Remove
			[] Change
			🗆 Add
			i_ Remove
			□Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
******	
	······································
	· · · · · · · · · · · · · · · · · · ·
<del></del>	
(If an effect Note: If	e date, if other than the date of filing:
ne record s ord is filed	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
Dated	MARCH 6 2020.  Signature of a member or authorized representative of a member
	PAUL A. ROSEN  Typed or printed name of signee