6/28/23, 11:12 AM Division of Corporations

> 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.

> > (((H23000229219 3)))



H230002292183ABC/

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To:

Division of Corporations

Pax Number

: (850)617-6383

From:

Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC

Account Number : I20190000062

: (239)850-9451

Phone Pax Number

: (866)929-0535

**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 SNUG HARBOR RESTAURANT LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
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* Needing to add LLC behind the HP Sung *

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Corporate Filing Menu

Help

S. ROBERTS

JUN 2 9 2023

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#230002292193 COVER LETTER

Division of Corporations					
SUBJECT:SUNG HARBOR RESTAURANT LLC					
	Name of Lin	nited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	condence concerning this matter	to the following:			
	PETER ENNIS				
	Name of Person				
	SNUG HARBOR RESTAURANT LLC				
	Firm/Company				
	645 OLD SAN CARLOS BLVD				
		Address			
	FT MYE	RS BEACH, FL 33931			
		City/State and Zip Code			
	ESTEROBEEFS@COMCAST.NET				
	E-mail address: ((to be used for future annual report notification)			
For further information	concerning this matter, please c	all:			
PETER ENNIS	3	239 220-6505			
Name	of Person	Area Code Daytime Telephone Number			
Enclosed is a check for	the following amount:				
☐ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)			
Mailim Addre Registration	Section	Sirect Address: Registration Section Division of Compositions			

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

TO:

Registration Section

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

EPIGPS6000E6H

£9169660086H

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Registered Agent's Signature, if changing Registered Age	City ent:	:	Zip Code
		, Florida	
THEM VORTIGIES OFFICE VITING VITINGS?:	Enter Florida str	rei address	
New Registered Office Address:			
Name of New Registered Agent:		<u> </u>	
B. If amending the registered agent and/or registered of Bagent and/or the new registered office address here:	ice address on our record	ls, <u>enter the name o</u>	the new registered
			2
(Mailing address MAX BE A POST OFFICE ROX)			ු
Enter new mailing address, if applicable:			· 2
(Principal office address MUST BE A STREET ADDRESS	<u></u>		~ ~ ~ ~ ~ ~
Enter new principal offices address, if applicable:	·		
The new name must be distinguishable and contain the words "Limited 1	isbility Company," the designa	ttion "LLC" or the abbre	rission "L.L.C."
A. If amending name, enter the new name of the limited			
This amendment is submitted to amend the following:			
Florida document number <u>L19000241347</u>			
The Articles of Organization for this Limited Liability Comp	sany were filed on 3/10/	/2020	and assigned
(Name of the Limited Limbility Co (A Florida Lim	empany as it now appears on dited Liability Company)	one recourt)	-
SNUG HARBOR RE	- · · · · · -		

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

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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

Title	Name	Address	Type of Action
MGR	HP SNUG LLC	5581 HARBORAGE DR	
		FT MYERS, FL 33908	DRemove
			⊠ Change
			□Add
			□Remove
			□ Change
			
			□Remove
			□ Change
			
			□Remove
			Change
			□A¢d
			□ Rепюче
			DChange
			□Remove

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D. If amer	eding any other inform	ation, enter change(s)	here: (Attach additional sheets, if	necessary)
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		<u></u>		
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<u></u>	<u></u>			
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E. Effectiv (If an effectiv Note: It documen	re date, if other than the cive date is listed, the date on f the date inscreed in this b nt's effective date on the I	e date of filling: st be specific and cannot be lock does not meet the ap repartment of State's reco	prior to date of filing or more than 90 days policable statutory filing requirements	optional) after filing.) Pursuant to 605.0207 (3)(t , this date will not be listed as the
If the record record is file		ve date, but not an effecti	ve time, at 12:01 a.m. on the earlier o	f. (b) The 90th day after the
Dated _	JUNE 28	2023	3	
		Putter	<i></i>	
		PETER ENNIS	milhorized representative of a mamber	
			yinted name of signee	

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