## L20000118

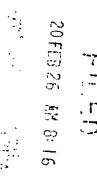
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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor				
SUBJECT:	Smugglers Wi	harf LLC		
		ited Liability Company		<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Sta	nn J Slupski	· · · · · ·	
		Name of Person		
	S	mugglers Wharf		<del></del>
		Firm/Company		
	924	SE 35th Ter.		
		Address		
	Can	e Coral, FL 2332	·0	
	Сар	City/State and Zip Code		
	sis@sr	mugglers-wharf	.com	
	E-mail address: (	to be used for future annual	report notificatio	<u>n)</u>
For further information c	oncerning this matter, please ca	all:		
Stan J S	lupski	at (_757)	773-867	7
Name o	f Person	Area Code	Daytime Tele	phone Number
Enclosed is a check for the	ne following amount:			
<b> ★ \$25.00</b> Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end		□ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street A		
Registration S Division of C		_	ation Section on of Corpora	
P.O. Box 632	•		ntre of Tallal	
Tallahassee,	FL 32314	2415 N	. Monroe Str	eet, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Smugglers Wart				
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appear liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company Florida document numberL2000040998		02/04/2020	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company he	<u>re</u> :		
Smugglers Wharf				
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the de	esignation "LLC" or the	he abbreviation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		No changes	20	
			Si m	
			28 =	
Enter new mailing address, if applicable:			F 17	
(Mailing address MAY BE A POST OFFICE BOX)		No changes	s is on J	
			6	
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:		cords, enter the l	name of the new registered	
New Registered Office Address:		lo changes		
	Enter Florida street address			
<del> </del>	No Chan	ges, Florida	No Changes Zip Code	
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of	my duties, and L	am familiar with and	

heing 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
	No changes	No changes	□Add
			□Remove
			□Change
			□Add
			□Remove
			ClChange
			⊠Remove
			PChange
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

	No changes
	20,
<del>-</del>	
	<u> </u>
	7
f an effectiv <u>Note:</u> If the document	date, if other than the date of filing:
	5 L 40U 0000
Dated	February 13th 2020
	Signature of a member of authorized representative of a member
	Manufactor of a memory auditorned representative of a memor
	Stan J Slupski