L20000055955

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #j	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
	R	cceived
	<u>_</u>	7/01
	Office Use Only	07/07/21
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RECEIVED

FLORIDA DEPARTMENT OF STATE Division of Com-

Division of Corporations

June 16, 2021

COLLIN MARTINI 2943 WHISPER LN N CLEARWATER, FL 33762

SUBJECT: DADE 2 BAY CUSTOMS LLC

Ref. Number: L20000055958

We have received your document for DADE 2 BAY CUSTOMS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham **OPS**

Letter Number: 221A00013493

www.sunbiz.org

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

DADE 2 F	BAY CUSTOMS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	Collin Martini		
		Name of Person	
		Firm/Company	
	2943 Whisper Ln N		· · · · · · · · · · · · · · · · · · ·
	Clearwater, Fl 33762	Address	
	martinifirearms@gmail.cor	City/State and Zip Code	 :.
	E-mail address: ((to be used for future annual report notific	cation)
For further information of	concerning this matter, please c	all:	ja .
Colfin Martini		727 593-4037	1
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		Ĕ
≅ \$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 Addres Registration S		Street Address: Registration Sect	ion
Division of C	orporations	Division of Corp	
P.O. Box 632	7	The Centre of Ta	llahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DADE 2 BAY CUSTOMS LLC				
(Name of the Limi	ted Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)		
he Articles of Organization for this Limited L lorida document number	.iability Company	were filed on	a	and assigned
nis amendment is submitted to amend the following	lowing:			
. If amending name, enter the new name o	of the limited liabi	lity company here:		
he new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation "LLC" o	r the abbrevia	tion "L.L.C."
-		2943 WHISPER LN N		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		CLEARWATER, FL 33762		·
THEIPHI OFFICE HAUTESS MOST DE A STREE	<u> 21 ABBRESOJ</u>			
nter new mailing address, if applicable:		2943 WHISPER LN N	~ -1	0
Mailing address MAY BE A POST OFFICE BOX)		CLEARWATER, FL 33762	271	•
			[- <u>-</u> -	•
			l 	***
. If amending the registered agent and/or	registered office a	ddress on our records, enter th	e name of t	he new regis
gent and/or the new registered office addre	ess here:		=	יב
Name of New Registered Agent:	Collin Martini		24	
Nam Danistand Office Address	2943 WHISPEI	RLNN		
New Registered Office Address:		Enter Florida street address		
	Clearwater	, Flori	33762 ida	
		City		o 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>	Type of Action
Owner	Collin Martini	2943 Whisper LN N, Clearwater, Fl 33762	
			□Add
			□Remove
			□Change
Manager	ager Jeffrey Smith	12990 sw 187th street, Miami, Fl 33177	
			□Remove
			□Change
MGR	Latisha Otto	5937 MOHR LOOP TAMPA, FL 33615	□Add
			Remove
AMBR	Erik Shelfer	3502 LIBBY LOOP TAMPA, FL 33619	□Change
			Add :
			Remove
			∷
			□Add
			□Remove
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Tective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the December 1.	ock does not meet the epartment of State's r	applicable statutory f ecords.	iling requirements, this da	ite wil⊏not b	e listed a
ecord specifies a delayed effective is filed.	date, but not an effe	ctive time, at 12:01 a.	m, on the earlier of: (b)	The 90th day	after the
May 5th	2021				
ated		·			
11/2 m	9 - Fi .				
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Edlin Me	Signature of a member	or authorized representa	tive of a member		_