L20000140501

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H21000336643 3)))

H210003368433ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC
Account Number : I20190000062
Phone : (239)850-9451
Fax Number : (866)929-0535

2021 SEP 10 PM 3:56

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: psfb@comcast.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HANDIEGO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	$25.00

2021 SEP 10 PM 1:35
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

(H21000336643 3) BB 9/13/21

(H21000336433)

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: HANDIEGO, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TODD BROOKS
Name of Person

HANDIEGO, LLC
Firm/Company

3340 TAMIAMI TRAIL E
Address

NAPLES, FL 34112
City/State and Zip Code

BROOKSBURGERS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

2021 SEP 10 PM 3:56

For further information concerning this matter, please call:

TODD BROOKS at (816) 918-4711
Name of Person — Area Code — 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(H21000336433)

(H21000336433)

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

HANDIEGO, 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 05/29/2020 and assigned Florida document number L20000140508.

This amendment is submitted to amend the following:

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

_____

The new name must be distinguishable and contain the words "Limited Liability 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) _____

_____

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 of the new 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

(H21000336433)

(H21000336433)

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	BROOKS, TODD	2590 14TH STREET NORTH	☒Add
		NAPLES, FL 34103	☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

(H21000336433)

(H21000336433)

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2021 SEP 10 PM 3:56

E. Effective date, if other than the date of filing: _____ (optional)
(If no effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated Sept. 9, 2021.

Todd Brooks
Signature of a member or authorized representative of a member

TODD BROOKS
Typed or printed name of signer

Filing Fee: $25.00

(H21000336433)