L20000341179

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	∐ MAIL
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Certified Copies	_ Certificates	of Status
Consist Instructions to	Filian Officer	1
Special Instructions to	Filing Officer:	





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COVER LETTER

	gistration Se vision of Cor				
CHDIECT	Hot dog sha	ack LLC			
SUBJECT		Name of Limi	ited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub-	mitted for filing.		
		ndence concerning this matter			
		Samuel Fasano			
		***	Name of Person		
		Hot dog shack LLC			
			Firm/Company		
		3600 se Mariposa Avenue			
		B 46 1 44 1 El 24052	Address		
		Port Saint Luice FL 34952	City/State and Zip Code		
		Siff@icloud.com			
For further	information c	E-mail address: (i	to be used for future annual ail:	report notification)	
Samuel Fas	sano			2-9317	
	Name o	f Person	at () Area Code	Daytime Telepho	one Number
Enclosed is	a check for th	ne following amount:			
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is anclosed)
	ailing Addres		Street A	ddress: ation Section	D ⊢ ED
	-	orporations		on of Corporation	ىب ons · ن
	O. Box 632			ntre of Tallahas	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOT DOG SHACK LLC

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L20000341179	were filed on 10/27/2020	and assigned
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	ity 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 a agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	la
New Registered Agent's Signature, if changing Registered Agent:		Zip Code

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	Samuel Fasano	3600 SE Mariposa Avenue	🖻 Add
		Lot 71	□Remove
		Port Saint Luice FL 34952	□Change
Mgr	David Perlmutter	3600 SE Mariposa Avenue	53.11
		Lot 51	
		Port Saint Luice FL 34952	
			□Add
			□Remove
			□Change
			□Add
		 	□ Remove
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ective date, if other than t	he date of filing:		(optional)	
reffective date is listed, the date r	nust be specific and cannot be price	or to date of filing or more	than 90 days after filing.)	Pursuant to 605(020
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