L20 000363373

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S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor			
THE BIG T		•	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	MICHAEL LUCAS		
		Name of Person	
		Firm Company	
	348 GEORGETOWN DRI	VE	
		Address	
	DAYTONA BEACH FL 3	2118	
	-	City/State and Zip Code	
	QSILVERT@GMAIL.CON	4 to be used for future annual report not	
For further information e	oncerning this matter, please c		(Heation)
MICHAEL LUCAS		386 679-6265	
Name o	t Person	Area Code Daytin	te Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		<u>Street Address:</u> Registration Se	ection
Registration : Division of C		Division of Co	
P.O. Box 632	27	The Centre of	Fallahassee
Tallahassee 1	FL 32314	2415 N. Monro	be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

 Ξ

THE BIG TUNA LLC		29 [
(Name of the Limite	d Liability Company as it now appears on our records. A Florida Limited Liability Company)	0
The Articles of Organization for this Limited Lic Florida document number <u>L20000363373</u>	ability Company were filed on 11-17-2020	and assigned
This amendment is submitted to amend the follo	wing:	<i>∞</i> , ∞
A. If amending name, enter the new name of	the limited liability company here:	
THE TIPSY TUNA LLC		
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LUC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)	
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office address on our records, <u>enter t</u> <u>s here</u> :	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flo	rida
	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

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
			□Add
			Remove
			Change
			□Abd
			□Remove
			☐ Change
			□Add
			Remove
			□Change
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reffective date is tee. If the date i	other than the listed, the date mu userted in this b we date on the D	ist be specific and lock does not m	cannot be prior to neet the applicab	o date of filing or ble statutory fil	more than 90 da	(optional) ys after filing.) its. this date w	Pursuant to 605,020 Fill not be listed a
cord specifies a s filed.	delayed effectiv	ve date, but not	an effective tim	ne, at 12:01 a.m	, on the earlie	roft (b) The	90th day after the
red		,)			
	/h.	1 ./					
	-p	Signature of a p	comber or author	ized representati	ve of a member		