

L21000382451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

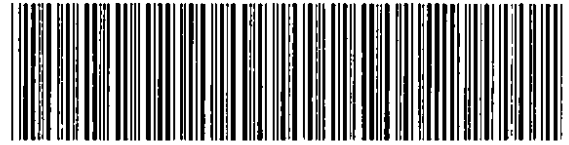
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

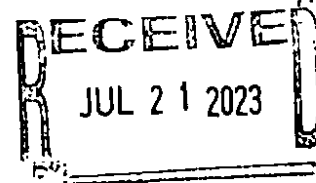
Special Instructions to Filing Officer:

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R. HUNT
07/21/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Soda Shine, 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:

Connor Brannen

Name of Person

SodaShine LLC

Firm/Company

443 Banyan Forest Dr.

Address

Saint Augustine, FL 32092

City/State and Zip Code

sodashinefl@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Connor Brannen

Name of Person

at (904)

Area Code

429-2977

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SodaShine 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 August 26, 2021 and assigned
Florida document number L21000382451

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)

443 Banyan Forest Dr.
Saint Augustine, FL 32092

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

443 Banyan Forest Dr.
Saint Augustine, FL 32092

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:

Connor James Brannen

New Registered Office Address:

443 Banyan Forest Dr.

Enter Florida street address

Saint Augustine

City

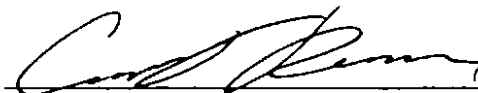
Florida

32092

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>	<u>Address</u>	<u>Type of Action</u>
<u>AP</u>	<u>Amber O. Weipert</u>	<u>1461 E. Shores Blvd.</u>	<input type="checkbox"/> Add
		<u>Gulf Breeze, FL 32563</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AP</u>	<u>Alison N. Kadz</u>	<u>1905 Twilight Arch</u>	<input type="checkbox"/> Add
		<u>Chesapeake, VA 23323</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AP</u>	<u>John T. Kadz</u>	<u>1905 Twilight Arch</u>	<input type="checkbox"/> Add
		<u>Chesapeake, VA 23323</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AP</u>	<u>Michael J. Weipert</u>	<u>1461 E. Shores Blvd</u>	<input type="checkbox"/> Add
		<u>Gulf Breeze, FL 32563</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Connor James Brannen</u>	<u>443 Banyan Forest Dr.</u>	<input checked="" type="checkbox"/> Add
		<u>Saint Augustine, FL</u>	<input type="checkbox"/> Remove
		<u>32092</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Abby Brannen</u> <u>(Abigail Candacy)</u>	<u>443 Banyan Forest Dr.</u>	<input checked="" type="checkbox"/> Add
		<u>Saint Augustine, FL</u>	<input type="checkbox"/> Remove
		<u>32092</u>	<input type="checkbox"/> Change

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CLERK OF STATE
TALLAHASSEE, FL

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2023-02-21 PM 9:54
DAY OF STATE
GALLAHUSSEE, FL

(If an 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)

Dated July 8, 2023

[Signature]

Signature of a member or authorized representative of a member

Connor James Brannen

Typed or printed name of signee

Filing Fee: \$25.00