LZ1000390609

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COVER LETTER

TO: Registration Sec Division of Corp	ction porations				
DTB HAM					
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Marc Brown				
	Name of Person				
	23 Restaurant Services				
Firm/Company					
	505 E Jackson ST, STE 302				
	- 	Address			
	Tampa FL 33602				
		City/State and Zip Code			
	tmcnamara@23restaurants.				
	E-mail address: (to be used for future annual report notific	eation)		
For further information co	oncerning this matter, please co	all:			
Teresa Menamara		813 230-2980 at ()			
Name of Person Area Code Daytime Telephone Number		Telephone Number			
Enclosed is a check for th	e 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

DTB MANIEN LCC		
(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 09/01/2021 Florida document number L21000390609	and assigne	ed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company here:		
TIKI DOCKS HAMLIN LLC		
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 na agent and/or the new registered office address here:	ame of the new re	gistere
Name of New Registered Agent:		'
New Registered Office Address:		
Enter Florida street address	, ;; ;;	į.
Florida	Zin Code	
Chy	zip Code	

New Registered Agent's Signature, if changing Registered Agent:

DTD II AM DULLO

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
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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			□ Change

		
 		
		
		
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If an effective date is listed, the date mus	date of filing: be specific and cannot be prior to date of filing or more than 90 day ock does not meet the applicable statutory filing requirement opartment of State's records.	s after filing.) Pursuant to 605,0207 (3
ne record specifies a delayed effective ord is filed.	edate, but not an effective time, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
Dated May 31	2023	
	Signature of a member or authorized representative of a member	
	,	
Marc Brown	Typed or printed name of signee	

Filing Fee: \$25.00

COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

DTB HAN SUBJECT:	ILIN LLC		
30bste1.	Name of Lim	nited Liability Company	
	Amendment and fee(s) are sub	_	
	Marc Brown	-	
	Name of Person		
	23 Restaurant Services		
	Firm/Company		
	505 E Jackson ST, STE 302		
	Address		
	Tampa FL 33602		
		City/State and Zip Code	
	tmcnamara@23restaurants.		
Park Carlo 1 Co		to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Teresa Menamara		813 230-2980 at ()	
Name of Person		Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303