121000405824

(Requestor's	s Name)
(Address)	
(Address)	
(City/State/Z	ip/Phone #)
PICK-UP V	VAIT MAIL
(Business E	ntity Name)
(Document I	Number)
Certified Copies Ce	ertificates of Status
Special Instructions to Filing Off	iicer:
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LLC NK Amena

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RECEIVED

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: Pass	Port Sand	Wiches LLC. ted Liability Company	<u></u>
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	Danie	Rosa do Name of Person	
		Firm/Company	
	5175	US Hwy 98 N. Address	
	Lakela danny on E-mail address: (1	ind Fl 338 City/State and Zip Code Fire Olive Com- to be used for future annual report notification	<u>O </u>
For further information con	cerning this matter, please ca		
Daniel Name of P	RoSads erson	at (754) 423 Area Code Daytime Tel	- 3473 Iephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 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:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite \$10
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 NOV 18 AM 10: 17

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(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 9-13-2021 and assigned
forida document number <u>[21000405924</u>].
This amendment is submitted to amend the following:
The new name must be distriguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
inter 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 register
gent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
, Florida
New Registered Agent's Signature, if changing Registered Agent:
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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			\Add
		□Remove	
			□Change
		□Add	
			□Remove
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			□ Add
		□Remove	
			Change
			□Add
		□Remove	
			□Change

Effective date, if other than the date of filing:	_
Effective date, if other than the date of filing:	
Effective date, if other than the date of filing:(optional) 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 6. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 1.	- -
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Effective date, if other than the date of filing:	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	_
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ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a ord is filed.	fter the
Dated 11-13-2022 Signature of a member or authorized representative of a member	
Daniel Bosado Typed or printed name of signee	

Filing Fee: \$25.00