L21000436704

| (Requestor's Name) |
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DATE:

01-03-22

NAME:

DELUNA'S HIDEOUT BAR & GRILL

TYPE OF FILING: ARTICLES OF AMENDMENT

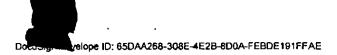
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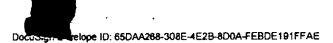
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company) | our records.) | - |
|---|---------------------------------|--------------|
| The Articles of Organization for this Limited Liability Company were filed on October Florida document number L21000436704 | r 6, 2021 an | d assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability company here: | | |
| DELUNA'S HIDEOUT, L.L.C. | | |
| The new name must be distinguishable and contain the words "Limited Liability Company," the design | ation "LLC" or the abbreviati | on "L.L.C." |
| Enter new principal offices address, if applicable: | | 122 |
| Principal office address MUST BE A STREET ADDRESS) | -11 | 7 |
| | | <u>က :</u> |
| Enter new mailing address, if applicable: | | : <u></u> |
| Mailing address MAY BE A POST OFFICE BOX) | | ÇT: |
| | | • |
| 3. If amending the registered agent and/or registered office address on our recording the new registered office address here: | ds, <u>enter the name of th</u> | e new regi |
| Name of New Registered Agent: | · | |
| New Registered Office Address: | | |
| Enter Florida st | treet address | |
| | , Florida | |
| 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 | | |

| Title | <u>Name</u> | Address | Type of Action |
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| ective date, if other than the effective date is listed, the date mus | date of filing: | and he mine to d | or of fling or mo | (optio | nal) | ant ba 605 ft |
| e: If the date inserted in this blo | ock does not mee | t the applicable | statutory filing | requirements, this | date will no | ot be listed |
| ument's effective date on the De | eparument of State | e s records. | | | | |
| cord specifies a delayed effective s filed. | e date, but not an | offective time, | at 12:01 a.m. o | n the earlier of: (b) | The 90th | day after t |
| December 31, | . 2 | 2021 | | | | |
| - | | | Britta | ung Suyder | | |
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