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DIVISION OF CORPORATIONS
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T. MATTHEWS APR 28 2022

## **COVER LETTER**

| rporations                                   |  |   |
|--|--|---|
| mp Fort Myers Beach, LLC                     |  | •   |
| Name of Limi                                 | ited Liability Company   |   |
| Amendment and fee(s) are sub-                | mitted for filing.   |   |
| ondence concerning this matter               | to the following:  |   |
| Benjamin C. Stidham                          |  |   |
|  | Name of Person   |   |
| The Stidham Law Firm LL                      | .C   |   |
|  | Firm/Company   |   |
| 741 North Central Avenue                     |  |   |
| <del></del>                                  | Address  |   |
| Hapeville, Georgia 30354                     |  |   |
|  | City/State and Zip Code  | <del></del>   |
|  | to be used for future annual re  | port notification)  |
|  |  |   |
|  | 404 328-   | .8439   |
| of Person                                    | Area Code  | Daytime Telephone Number  |
| the following amount:                        |  |   |
| ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  | Certificate of Status &   |
|  | <u>Street Ad</u><br>Registra   | dress:<br>tion Section  |
|  | Name of Lim  Amendment and fee(s) are subsondence concerning this matter  Benjamin C. Stidham  The Stidham Law Firm LL  741 North Central Avenue  Hapeville, Georgia 30354  bstidhamlaw@gmail.com  E-mail address: (concerning this matter, please concerning this matter, please concerning this matter.) | Name of Limited Liability Company  TAmendment and fee(s) are submitted for filing.  Indended concerning this matter to the following:  Benjamin C. Stidham  Name of Person  The Stidham Law Firm LLC  Firm/Company  741 North Central Avenue  Address  Hapeville, Georgia 30354  City/State and Zip Code  bstidhamlaw@gmail.com  E-mail address: (to be used for future annual reconcerning this matter, please call:  at ( |

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

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tailahassee
2415 N. Monroc Street, Suite 810
Tallahassee, FL 32303

## 

Rude Shrimp Fort Myers Beach, LLC

|                         | A 1 1 11 21 21                               |                             |
|-------------------------|--|-----------------------------|
| A Vonce of the Limited  | Liability Company as it now                  | annears on our records t    |
| 1. Value of the Limited | mannity v.ompany as now                      | difficult via via lections. |
| · <del></del>           | Larida Limited Liability Con-                |                             |
| 1.3                     | . Ich verder I marriada I terterilitä i sätt | mant l                      |

| (A Florida Limited I   | Jability Company)                        |                           |
|--|--|---------------------------|
| The Articles of Organization for this Limited Liability Company Florida document number 1.22000024901                  | were filed on January 21, 2022           | and assigned              |
| This amendment is submitted to amend the following:  |  |                           |
| A. If amending name, enter the new name of the limited liab  | ility company here.                      |                           |
| The new name must be distinguishable and contain the words "Limited Liabil   | lity Company," the designation "LLC" or  | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  | 1365 Estero Boulevard                    |                           |
| (Principal office address MUST BE A STREET ADDRESS)  | Fort Myers Beach, Florida 33931          |                           |
|  |  |                           |
|  | •  |                           |
| Enter new mailing address, if applicable:  |  |                           |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                           |
|  |  |                           |
| B. If amending the registered agent and/or registered office a<br>agent and/or the new registered office address here: | address on our records, <u>enter the</u> | name of the new registe   |
| Name of New Registered Agent:  |  |                           |
|  |  |                           |
| New Registered Office Address:   |  |                           |
| New Registered Office Address:   | Enter Florida street address             |                           |
| New Registered Office Address:   | Emer Florida street address Florid       | la                        |

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  |
|--------------|--------------------|--------------------------|-----------------|
| AMBR         | Anton J. Holzapfel | 336 Shorewood Lane       |                 |
|              |                    | Waterloo, Nebraska 68069 |                 |
|              |                    |                          | <b>⊞</b> Change |
| AMBR         | Lisa M. Lahners    | 336 Shorewood Lane       | □Add            |
|              |                    | Waterloo Nebraska 68069  | □Remove         |
|              |                    |                          |                 |
| AMBR         | Travis D. Harlow   | 2526 River Road          | □Add            |
|              |                    | Waterloo, Nebraska 68069 | □Remove         |
|              |                    |                          | ■Change         |
| AMBR         | Ashley M. Harlow   | 2526 River Road          | □Add            |
|              |                    | Waterloo, Nebraska 68069 | □Remove         |
|              |                    | ·                        | ■Change         |
|              |                    |                          | □Add            |
|              |                    |                          | Remove          |
|              |                    |                          | □Change         |
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|                    | other information, en                                  |                          |                             |  |
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| reffective date is | other than the date o<br>listed, the date must be spec | itic and cannot be prior | to date of filing or more t | (optional)<br>ian 90 days after filing.) Pursuant to 605.020 |
| te: If the date    | inserted in this block doe<br>ive date on the Departme | s not meet the applic    | able statutory filing re-   | quirements, this date will not be listed a                   |
| Jument's effect    | ive date on the Departine                              | ne or state s records    | •                           |  |
|                    | t to a diagram along the second                        |                          | ima at 17:01 a m. an ti     | a continue of: (b) The 90th day after th                     |
| s filed.           | a delayed effective date, t                            | our not an effective of  | ime, at 12.01 a.m. on t     | ne earlier of: (b) The 90th day after th                     |
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| red A              | vil 8  | 2022                     |                             |  |
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|                    | $\wedge$   | Horney I                 | n-Fact                      |  |
|                    | / 7  |                          | ed name of signee           |  |

Filing Fee: \$25.00