

122000171898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

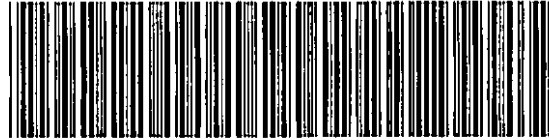
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONCH BOSS 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:

JERRY GRANT
Name of Person
CONCH BOSS LLC
Firm/Company
10725 S.W. 222 ST
Address
MIAMI FL 33170
City/State and Zip Code
JNM417@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JERRY GRANT at 954 394-2093
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Conch Boss 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
Florida document number L22000171898

4/11/22

... assigned

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)

10725 S.W. 222 St.
Miami Fla
33170

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10725 S.W. 222
Miami Fla
33170

2022 AUG 10 AM 11:11
SECRETARY OF STATE
TAMAHASSEE, FL

FILED

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:

SEARL Grant

New Registered Office Address:

10725 S.W. 222 St.
Miami, Florida 33170

Enter Florida street address

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.

[Signature]
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>MGR</u>	<u>Daphanie Rees</u>	<u>2651 N.W. 1st Street</u>	<input checked="" type="checkbox"/> Add
		<u>Baynton Bch. Flo.</u>	<input type="checkbox"/> Remove
		<u>33435</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Lavancia Link</u>	<u>10725 SW. 22nd St</u>	<input type="checkbox"/> Add
		<u>Miami Flo,</u>	<input checked="" type="checkbox"/> Remove
		<u>33170</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I am Jeff Grant and I'm removing
Lapone's Ink from the contract and
Adding Daphne's Reese daughter

E. Effective date, if other than the date of filing: 8/4/2022 (optional)

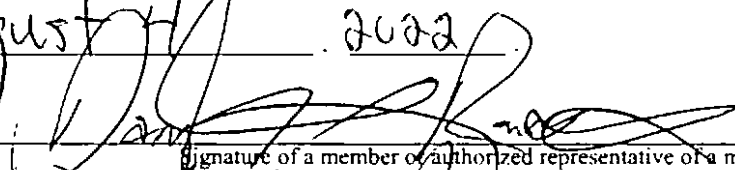
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

August 4, 2022


Signature of a member or authorized representative of a member
Daphne Reese
Typed or printed name of signee