## Laa000304969

| (F                      | Requestor's Name)       |          |
|-------------------------|-------------------------|----------|
|                         |                         |          |
|                         | Address)                | -        |
|                         |                         |          |
| (A                      | Address)                | <u> </u> |
|                         |                         |          |
|                         | Dity/State/Zip/Phone #) |          |
|                         |                         |          |
| PICK-UP                 | ☐ WAIT                  | MAIL.    |
|                         |                         |          |
| (E                      | Business Entity Name)   |          |
| ·                       |                         |          |
| (D                      | Occument Number)        |          |
|                         | •                       |          |
| Certified Copies        | Certificates of         | Status   |
|                         | _                       |          |
| Constitution of         | - Fire Office           |          |
| Special Instructions to | o Filing Onicer:        |          |
|                         |                         |          |
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Office Use Only



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2024 AUG 20 PM 2: 55 SECRUTARY OF STATE STALL AMASSES FL

M



July 15, 2024

VINCENT SALITURO 58 JACKSON AVE PONTE VEDRA BEACH, FL 32082

SUBJECT: CELEBRATION JAX LLC

Ref. Number: L22000304969

We have received your document for CELEBRATION JAX LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

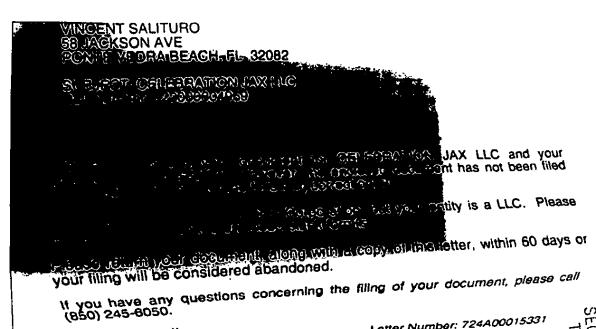
Please return your document, along with a copy of this letter, within 60 days-of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 724A00015331

www.sunbiz.org



Morgan E Lovett Regulatory Specialist II

Letter Number: 724A00015331

CALLED THE PHONE NUMBER FOR INFO AND INSTRUCTED NOT TO SEND ANOTHER CHECK FOR FUNDS.

## COVER LETTER

| TO: Registration Se<br>Division of Co |   |   |   |   |                           |
|---------------------------------------|---|---|---|---|---------------------------|
| SUBJECT: <u>CEL</u>                   | EBRATION JA<br>Name of Lim                      | X LLC nited Liability Company                                       |   |   |                           |
| The enclosed Articles of              | Amendment and fee(s) are sub                    | omitted for filing.   |   |   |                           |
| Please return all correspo            | ondence concerning this matter                  | to the following:   |   |   |                           |
|                                       | VINCENT   | SALITURO Name of Person   |   |   |                           |
|                                       | CELEBRE   | ATION JAX LLC Firm/Company  | ·   |   |                           |
|                                       | 58 JAC  | KSUN AVE Address  |   |   |                           |
|                                       |   | VEDRA BEACH F<br>City/State and Zip Code                            | FL 32082  |   |                           |
|                                       | VINCE Sali<br>E-mail address: (                 | to be used for future amount report notif                           | · COM   | 202<br>SF   |                           |
| For further information of            | concerning this matter, please c                | all:  |   | 2024 AUG 20<br>SECRETAR'<br>TALLAH/                     | عدر.<br>ا<br>ا<br>تاءلتو، |
| CHADWICK<br>Name o                    | M C RURY of Person                              | at (904) 866. Area Code Daytime                                     | 6810<br>e Telephone Number                                      | 2024 AUG 20 PM 2: 55 SECRETARY OF STATE TALLAHASSEE, FL | , and 1                   |
| Enclosed is a check for t             | he following amount:                            |   |   | ATE 05  |                           |
| □ \$25.00 Filing Fee                  | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of State<br>Certified Copy |   |                           |

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

| CELEBRATION.  | JAX LLC   |  |
|---|---|--|
| (Name of the Limited<br>(A                                    | Liability Company as it now appears on our Florida Limited Liability Company) | records.)                              |
| The Articles of Organization for this Limited Liab            | • •   | and assigned                           |
| Florida document number <u>L22000304</u>                      | 969.  |  |
| This amendment is submitted to amend the follow               | ing:  |  |
| A. If amending name, enter the new name of the                | ne limited liability company here:  |  |
| N/A The new name must be distinguishable and contain the word |   |  |
| The new name must be distinguishable and contain the word     | ds "Limited Liability Company," the designation                               | "LLC" or the abbreviation "L.L.C."     |
| Enter new principal offices address, if applicab              | le: <u>N/A</u>  | <del>-</del>                           |
| (Principal office address MUST BE A STREET.                   |   |  |
|   |   |  |
| Enter new mailing address, if applicable:                     | N / D   |  |
| (Mailing address MAY BE A POST OFFICE BO                      | ,   |  |
| (Maning dadress WAT BE A TOST OFFICE BC                       | <u></u>   | 202<br>SE                              |
|   | <del></del> .   | 70 E                                   |
| B. If amending the registered agent and/or reg                |   | enter the name of the new registered   |
| agent and/or the new registered office address l              | <u>nere</u> :   | · · · · · · · · · · · · · · · · · · ·  |
|   |   | PM 2:                                  |
| Name of New Registered Agent:                                 | N/A   | 11 S S                                 |
| New Registered Office Address:                                |   | —————————————————————————————————————— |
|   | Enter Florida street  | address                                |
|   | Cirv  | _, Florida                             |
|   | Cuy   | 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

| <u>Title</u> | Name             | <u>Address</u>                 | Type of Action                     |
|--------------|------------------|--------------------------------|------------------------------------|
| AMBR         | CHADWICK MCCRURY | 3819 UNION PACIFIC DRW         | XAdd                               |
|              |                  | JACKSONVILLE, FL 32246         | <u>'</u> □Remove                   |
|              |                  |                                | □Change                            |
| AMBR.        | VINCENT SALITURO | 58 JACKSON AVE                 | □Add                               |
|              |                  | PONTE VENRA BEACH, FL<br>32083 | · □ Remove                         |
|              |                  |                                | XChange                            |
|              | N/A              |                                | 🗀 Add                              |
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| אדרונ                | ENT                                | SALITU                         | IRO IS   | 5090                             | NWO                          | ER 4           | SHR          | RE HO                               | LDER.          | _            |
| THE                  | OR16                               | MAL                            | FILING   | DATE                             | 0F                           | THE            | ILC L        | NAS                                 | 7.8.6          | _<br>LJ      |
|                      |                                    |                                |  |                                  |                              |                |              |                                     |                | _            |
|                      |                                    | ·                              |  |                                  |                              |                |              |                                     |                | <del>-</del> |
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|                      |                                    |                                |  |                                  |                              |                |              |                                     |                | _            |
|                      |                                    |                                |  |                                  |                              |                |              |                                     | u)             | 1 29         |
|                      |                                    |                                |  |                                  |                              |                |              |                                     | SECRETAET OF S | 2024 AUG 20  |
|                      |                                    |                                |  |                                  |                              |                |              |                                     | PSSEE.         | ے<br>-<br>:  |
| ffective de          | ate is listed, th<br>late inserted | ne date must b<br>in this bloc | ate of filing: e specific and can k does not mee artment of Stat | nnot be prior t<br>t the applica | o date of fil<br>ble statuto | ng or more the | nan 90 days  | ptional) after filing.) this date v | Pursuant to g  | 05.0         |
| ord speci-<br>filed. | fies a delaye                      | ed effective o                 | late, but not an   | effective tin                    | ne, at 12:0                  | l a.m. on th   | e earlier of | f: (b) The                          | 90th day af    | ter t        |
| d <u>A</u>           | ugust                              | <u> 37.</u>                    | gnature of a mer   | 2024                             |                              |                |              |                                     |                |              |
|                      | V                                  | Sati                           | gnature of a mer   | nber or author                   | ized repres                  | entative of a  | member       |                                     |                |              |
|                      |                                    |                                | o .  |                                  | •                            |                |              |                                     |                |              |

Filing Fee: \$25.00