

L22000534509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

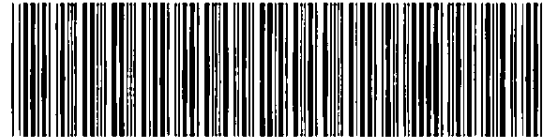
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800415205548

09/07/23--01018--005 **30.00

2023 SEP -7 AM 7:48
FILED

9/12/23/142

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Neons Beach Shack 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:

Aza F. Cox
Name of Person

Neons Beach Shack
Firm/Company

8501 Thomas Dr
Address

Panama City Beach FL 32408
City/State and Zip Code

neonspcbfi@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aza F. Cox at (240) 304-2373
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☒ \$30.00 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:

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**

Neons Beach Shack LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2023 SEP -7 AM 7:48

The Articles of Organization for this Limited Liability Company were filed on 12-22-2022 and assigned
Florida document number L22000534509

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)

Neons Beach Shack
8501 Thomas Dr
Panama City Beach FL 32408

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Neons Beach Shack
8501 Thomas Dr
Panama City Beach FL
32408

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:

Aza F Cox

New Registered Office Address:

8501 Thomas Dr Panama

Enter Florida street address

Panama City Beach, Florida 32408

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Ian Dustin Kelly</u>	<u>8501 Thomas Dr</u>	<input type="checkbox"/> Add
		<u>Panama City Beach FL</u>	<input checked="" type="checkbox"/> Remove
		<u>32408</u>	
			<input type="checkbox"/> Change
<u>mGR</u>	<u>Brandi Cox</u>	<u>8501 Thomas Dr</u>	<input checked="" type="checkbox"/> Add
		<u>Panama City Beach FL</u>	<input type="checkbox"/> Remove
		<u>32408</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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

Typed or printed name of signee

Filing Fee: \$25.00