23000009585

	Requestor's Name)	
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((City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	Business Entity Name)	
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al Instructions to F	iling Officer:	
<u> </u>	Office Use Only	· · · · · · · · ·





JAN 19 2023

incserv

1549 Glenway Drive Tallahassee, FL 32301 850.656.7956 Fax: 850.656.7953 www.incserv.com e-mail: accounting@incserv.com

Incorporating Services, Ltd.

ORDER FORM

Regular Approval

PRIORITY

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau

850.656.7953

mmoreau@incserv.com

OUR REF # (Order ID#) 1115099

ORDER ENTITY

REQUEST DATE 1/18/2023

SUNCOAST BEVERAGE SALES, LLC

PLEASE PERFORM THE FOLLOWING SERVICES: SUNCOAST BEVERAGE SALES, LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER	LETTER
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TO: Registration Section Division of Corporations

SUBJECT: Suncoast Beverage Sales, 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:

Timothy P. Mitchell

Name of Person

SM Management, LLC

Firm/Company

2996 Hanson Street

Address

Fort Myers, Florida 33916-7510

City/State and Zip Code

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

For further information concerning this matter, please call:

Edward Brown

Name of Person

at (<u>404</u>) <u>685-4292</u>

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 tadditional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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

20

Suncoast Beverage Sales, LLC		2013 JAN 18	NH 10: 02
(<u>Name of the Limited Liability C</u> (A Florida Lit	<u>Company as it now appears on our</u> mited Liability Company)	records.)	T ST FE
The Articles of Organization for this Limited Liability Com	npany were filed on <u>January 3</u>	3. 2023	and assigned
lorida document number L23000009585			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited</u>	I liability company here:		
the new name must be distinguishable and contain the words "Limited	H.iability Company," the designatic	on "LLC" or the abbru	eviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	<u></u>		
	<u> </u>		
Enter new mailing address, if applicable:			
(<u>Mailing address MAY BE A POST OFFICE BOX)</u>		<u> </u>	
	<u>.</u>		- <u></u>
B. If amending the registered agent and/or registered of	ffice address on our records.	enter the name (of the new regist
igent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stree	t oddress	<u></u>
	Cin	Florida	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Timothy P. Mitchell	2996 HANSON STREET	🗆 Add
		FORT MYERS_FL 33916-7510	🗆 Remove
			🗹 Change
MGR	Gregory J. Mitchell	2996 HANSON STREET	[\$] Add
		FORT MYERS, FL 33916-7510	🗌 Remove
			🗋 Change
CEO and Pre	sident Timothy P. Mitchell	2996 HANSON STREET	⊠Add
		FORT MYERS, FL 33916-7510	🗆 Remove
			Change
<u>Vice Pre</u> sider	Gregory J_Mitchell	2996 HANSON STREET	🕼 Add
		FORT MYERS, FL 33916-7510	🗆 Remove
			□ Add
			□Remove
			□Change
			🗆 Add
			🗆 Remove

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

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. Effective	e date, if other than the dative date is listed, the date must be	ite of filing:		(optional)	
<u>Note:</u> If	ive date is listed, the date must be the date inserted in this block t's effective date on the Depa	cloes not meet the applic	able statutory filing req	an 90 days after filing.) Pursu juirements, this date will n	ant to 605,0207 (3) of be listed as the
the record : cord is filed	specifies a delayed effective d l.	ate, but not an effective ti	me, at 12:01 a.m. on th	e earlier of: (b) The 90th	day after the
Dated	January 18	2023			
		101 Conners 4 Das			
		/s/ Spencer H. Bro gnature of a member or author	Wh		

Spencer H. Brown Typed or printed name of signee

Filing Fee: \$25.00