

L23000069585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

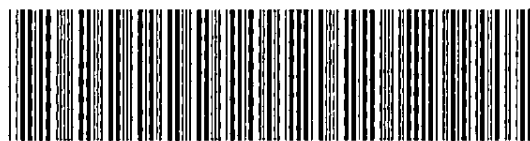
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Additional Copies _____

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Office Use Only



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2023 JAN 18 AM 10:02

FILED

CD

2:45

A. BUTLER
JAN 19 2023

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

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
mmoreau@incserv.com
850.656.7953

REQUEST DATE 1/18/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1115099

ORDER ENTITY

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: I20050000052

Please bill the above referenced account for this order.

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

Sincerely,

A handwritten signature in black ink, appearing to be "WJ" or similar, written in a cursive style.

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

**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

tim@suncoastbev.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 (404) 685-4292

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

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2023 JAN 18 AM 10:02

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A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices address, if applicable:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

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>
MGR	Timothy P. Mitchell	2996 HANSON STREET	<input type="checkbox"/> Add
		FORT MYERS, FL 33916-7510	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Gregory J. Mitchell	2996 HANSON STREET	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33916-7510	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO and President	Timothy P. Mitchell	2996 HANSON STREET	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33916-7510	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Vice President	Gregory J. Mitchell	2996 HANSON STREET	<input checked="" type="checkbox"/> Add
		FORT MYERS, FL 33916-7510	<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]

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.

Dated January 18 2023

Spencer H. Brown
Typed or printed name of signee

Filing Fee: \$25.00