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(Requestor's Name)
(Address)
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(was say,
(City/State/Zip/Phone #)
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(Business Entity Name)
(Sounds Emily Name)
(Document Number)
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[a]
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A. RIVERS MAY 2 3 2023

COVER LETTER

TO: Registration Division of C			
SUBJECT: Scasho	ells Sanibel Unit 25, LLC		
	Name of Li	mited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	condence concerning this matte	r to the following:	
	Frank J. Aloia, Jr., Esq.	<u></u>	
		Name of Person	
	Alois, Roland, Lubell &	k Morgan, PLLC	
		Firm/Company	***************************************
	2222 Second Street		
		Address	
	Fort Myers, FL 33901		_
		City/State and Zip Code	
	faloia@lawdefined.com	(to be used for father asset as 12	
For further information	concerning this matter, please of	to be used for future annual report notifi all:	(cauon)
faloia@lawdefined.c	om	at (239) 791-7950	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
☑ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		Street Address: Registration Sect	ion
Division of C		Division of Corp	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Seashells Sanibel Unit 25, LLC				
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 02/10/2023	and ass	signed	
Florida document number L23000075560				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited ligh	oility company here:			
Bravo Whiskey Papa Air, LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.	L.C."	-
Enter new principal offices address, if applicable:			. <u> </u>	_
(Principal office address MUST BE A STREET ADDRESS)				_
				_
Enter new mailing address, if applicable:				_
(Mailing address MAY BE A POST OFFICE BOX)				_
			503	_
		(1)	25 25	· ~; · ,
B. If amending the registered agent and/or registered office a	iddress on our records, enter the nam	e of the new	registe	red
agent and/or the new registered office address here:		アシ	ري ري	i
		:	;	آ آ
Name of New Registered Agent:		•	-5	<u> </u>
New Registered Office Address:		: نڌ		
Not in the interest of the Address.	Enter Florida street address		· - U -	•
	. Florida			
	Ctry , 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 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

Title	<u>Name</u>	Address	Type of Action
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			CIRemove
			Change
			□Add
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<u>ote:</u> 11	e date, if other than the date of filing:
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ecord:	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 date. March 28 2023
record :	1
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Filing Fee: \$25.00