

L23000087772

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

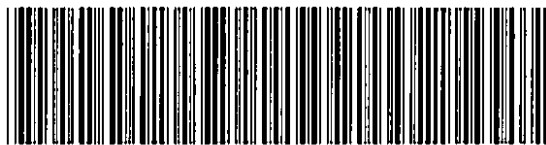
(Document Number)

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2023 OCT 20 AM 11:05

DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

2023 OCT 20 PM 11:17

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHANNELSIDE HOSPITALITY, 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:

JOSHUA CHESTER

Name of Person

CHANNELSIDE HOSPITALITY, LLC

Firm/Company

925 NW. 22nd STREET

Address

GAINESVILLE, FLORIDA 32603

City/State and Zip Code

JD420CAFE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSHUA CHESTER

941

374-7800

at ()

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**

CHANNELSIDE HOSPITALITY, LLC

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

FILED
2023 OCT 20 11:17

The Articles of Organization for this Limited Liability Company were filed on 02/17/2023 and assigned
Florida document number 123000087772

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:

925 NW 22nd STREET, GAINESVILLE, FL 32603

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

925 NW 22nd STREET, GAINESVILLE, FL 32603

(Mailing address MAY BE A POST OFFICE BOX)

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:

JOSHUA CHESTER

New Registered Office Address

925 NW 22nd STREET FL 32603

Enter Florida street address

GAINESVILLE

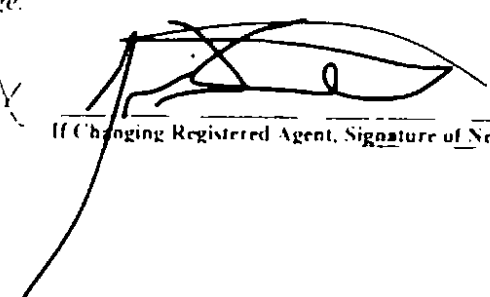
Florida 32603

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> |
|--------------|------------------------|---------------------------------|--|
| AR | PAPOULIS, JOHN | 3500 NE WALDO RD | <input type="checkbox"/> Add |
| | | GAINESVILLE, FL 32609 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | CHAPMAN, CLYDE A., III | 2550 COUNTRY CLUB ROAD | <input type="checkbox"/> Add |
| | | STATESBORO, GA 30458 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | BRIDWELL, WILLIAM | 2033 PIPPIN PLACE | <input type="checkbox"/> Add |
| | | STATESBORO, GA 30461 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | LYLES, KALEO | 112 GREENBRIER TRAIL | <input type="checkbox"/> Add |
| | | STATESBORO, GA 30458 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | NEWMAN, BRYCE | 229 N EDGEWOOD DRIVE | <input type="checkbox"/> Add |
| | | STATESBORO, GA 30458 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | LENASBUNT, ERIC GRAY | 2401 SE 12TH TERRACE | <input type="checkbox"/> Add |
| | | GAINESVILLE, FL 3264110/01/2023 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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

F. Effective date, if other than the date of filing: _____ (optional)

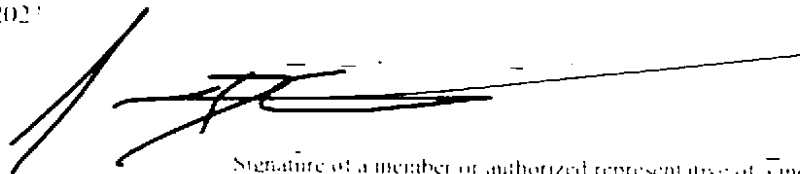
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 608.0207 (3)(b)

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.

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

10/01/2021

Dated



Signature of a member or authorized representative of a member

JOSEPH CHESTER

Typed or printed name of signer