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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	The Sanibel	Lighthouse Cafe, LLC		
	<u> </u>	Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Bridget Kolshak		
			Name of Person	
		The Sanibel Lighthouse Ca	afe, LLC	
Firm/Company				
		3616 Heritage Lane		
			Address	
		Ft Myers, FL 33908		
			City/State and Zip Code	
		BridgetKolshak27@gmail.c	om to be used for future annual report noti	Gastian)
For further in	aformation co	oncerning this matter, please ea	·	neadony
Bridget Kols			239 225-8899	
	Name of	Person	at () Area Code Daytim	e Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

The Sanibel Lighthouse Cafe, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{\text{July 7th, 2023}}{\text{Liability Company}}$ ___ and assigned Florida document number L23000322849 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Wickies on Sanibel, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address _, Florida _ City

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, enter the title, name, and address of each person being added or removed from our records:

<u>or removed</u>	trom our records.		
MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			\ Remove
			□ Add
			□Remove
			□Change
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(If an effective Note: I	date, if other than the date of filing:	
ne record ord is file	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
Dated _	Ine 215+ 2024.	
	Signature of a member or authorized representative of a member	
	Bridget Kolshak	

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Filing Fee: \$25.00