

H23000254672 3

L23000341500

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HAND ARENDALL HARRISON SALE LLC
Account Number : 128190000128
Phone : (850)769-3414
Fax Number : (850)344-9731

Enter the email address for this business entity to be used for future annual report filings. Enter only one email address please.

Email Address: jcampfield@handfirm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE OLD BEACH BAR 2, LLC

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 DIVISION OF CORPORATIONS
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 2023 JUL 21 PM 4:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

JUL 22 2023
 Saturday

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: THE OLD BEACH BAR 2, 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:

JESSICA CAMPFIELD

Name of Person

HAND ARENDALL HARRISON SALE LLC

Firm/Company

35008 EMERALD COAST PKWY STE 500

Address

DESTIN, FL 32541

City/State and Zip Code

JCAMPFIELD@HANDFIRM.COM

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

For further information concerning this matter, please call:

JESSICA CAMPFIELD

850

650-0010

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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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THE OLD BEACH BAR 2, 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 06/12/2023 and assigned
Florida document number 1.23000341500.

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:

(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

City

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

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 If attaching Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: H23000254672 3

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	FUNK, DALE	125 MALAGA PLACE RD	<input type="checkbox"/> Add
		PANAMA CITY BEACH, FL 32413	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DRET MANAGEMENT LLC	125 MALAGA PLACE RD	<input checked="" type="checkbox"/> Add
		PANAMA CITY BEACH, FL 32413	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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[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 7/20/2023 _____

Signature of a member or authorized representative of a member

Typed or printed name of signer