12300392372

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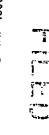


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SECT STATE TALLAGIASSEE, FI



COVER LETTER

Division of Cor			
The Waterin	ng Hole at FFHQ LLC		
SUBJECT:	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:	
	Shannon Lindstadt		
		Name of Person	<u></u>
		Finn-Company	
	12540 81st Street		
		Address	
	Fellsmere, FL 32948		
	slindstadt@att.net	City/State and Zip Code to be used for future annual report noti:	
For further information of	encerning this matter, please e	i ·	ncation)
Shannon Lindstadt		772 473-6358	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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 radditional copy is enclosed?
Mailing Address Registration Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Watering Hole at FFHQ LLC		
(Name of the Lim	ited Liability Company as it now ap (A Florida Linuted Liability Compa	pears on our records.)
The Articles of Organization for this Limited I Florida document number 1.23000392372		08/21-2023 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability compan	<u>y here</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company."	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/or agent and/or the new registered office addr		ur records, <u>enter the name of the new register</u>
Name of New Registered Agent:	Benjamin Dupont	
New Registered Office Address:	9955 CR 507	
New Registered Office Address.	Enter	Floridu street address
	Fellsmere	, Florida 32948
	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	202 55 77
provisions of all statutes relative to the pro	per and complete performanc gistered agent as provided for registered office address, I h	his capacity. I further agice to comply with the of my duties, and I am familia with and in Chapter 605, F.S. Of if this Bocumenta's ereby confirm that the limited liability

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>	Type of Action
AR	Melissa M Russano	9025 106 Ave	
		Vero Beach, F1, 32967	■Remove
			TChange
AR	Michael J Russano	9025 106 Ave	⊒Add
		Vero Beach, FL 32967	≡ Remove
			⊒Change
MGR	Shannon Lindstadt	12540 81st Street	= Add
		Fellsmere, FL 32948	□Remove
			□Change
MGR	Joshua Laney	12540 81st Street	= Add
		Fellsmere, FL 32948	□Remove
			TChange
			SE DE TO
			AH DO 03

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Note: If the date inserted in thi	the date of filing: must be specific and cannot be prior to date of block does not meet the applicable start Department of State's records.	option (option) (opti	onal) Hiling.) Pursuant to 605.020 s date will not be listed a
e record specifies a delayed efferd is filed.	etive date, but not an effective time, at	12:01 a.m. on the earlier of: (b	40
07/25	2024		RIZH JUL 29 SECELJINAS
Dated			
Shama	nXndnapl		29
	Signature of a member or authorized re	presentative of a member	AMIO: DF STA

Filing Fee: \$25.00