L23000437055

(Requestor's Name)
(Address)
, · · · ·
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600420655366

12.722/23--01099--014 **30.70

2023 DEC 22 PH 4: 40 SECRETARY SEE SEE

COVER LETTER

		•	COVERLETTER	1-1-01-1
ro:	Registration Section			12/18/23
	Division of Cornoration	<u>\$</u>	_	
	· Lost	Shaker	of Salt of	PBC LLC
UBJE	C1:	Name of Limi	ited Liability Company	
			*5	sending this document
The enc	closed Articles of Amendm	ent and fee(s) are sub	mitted for filing.	sending this
Please 1	return all correspondence co	oncerning this matter	to the following:	Thank you i
		Wend	dy J. Cook	
			Name of Person	
			Firm/Company	ECO I
		9457) S. Thoma	SDr. U需要03
			Address	TRY 2
	1	Panamo	a City Beau	00. com fication)
			City/State and Zip Code	严
		FLarr	nywite@yah	00. com
		E-mail address: (to be used for future annual report noti	fication)
For fur	ther information concerning			
	Wendy Co	ook	at (913) 680	- 8545 e Telephone Number
	Name of Person		Area Code Dayum	e receptione Nutriber
	/			
Enclos	ed is a check for the follow	ing amount:		
□ \$2		0.00 Filing Fee &	☐ \$55.00 Filing Fee &	\$60.00 Filing Fee,Certificate of Status &
	C	ertificate of Status	Certified Copy (additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			Street Address:	
	Mailing Address:		Registration Se	ection
	Registration Section			

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOST SHAKER OF SALT OF PBC LLC

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

(A Florida Limited Liability Company)

9/20/23

The Articles of Organization for this Limited Liability Compa	any were med on	and assigned				
Florida document number L 23000437	055					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited li LOST SHAKER OF S	ALT OF H	GB LLC				
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation	on "LLC" or the abbreviation "L.L.C.				
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS	2					
		2023 DEC SECRE				
Enter new mailing address, if applicable:		22 :				
(Mailing address MAY BE A POST OFFICE BOX)		75 PP				
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ice address on our records	, enter the name of the new registered				
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida stre	et address				
	. Florida					
	Ciņ	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>	Type of Action
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			2029 DEC 2020 Change
			DEC 20 Change PH HAdd
			□Remove
			□Change
			□ Add
			□Remove
			□Add
			□Remove

Page 2 of 3

								
<u></u>								
								
							 _	
	<u> </u>					22	2	
						SECS TA	<u> </u>	· , - ,
			 			CRETA	DEC.	o rea e a
			<u> </u>			TAR!	22	_ !
						388 FP	<u> </u>	<u>. </u>
						STAT	÷.	_
	· · · · · · · · · · · · · · · · · · ·							
			<u> </u>					
معسنا سنيفيات بالاست	er than the date o d, the date must be spec ted in this block doe	vitic and cannot be	prior to date of fil	ing or more than 9	(option) days after to ments, this	iling.) Pursi	uant to 605. not be liste	02 :d
ument's effective of	iate on the Departme	ent of State's rec	ords.	· J ·				
record specifies	s a delayed effec	tive date, bu	t not an effe	ctive time, at	12:01 a	.m. on th	ne earlie	:r
ne 90th day and	ter the record is 23	· ·						
cd	Place	an D	The The	A)			
-6/-	Signatu	ure of a phombor or	authorized repres	sentative of a mem	ber	- -		