

L23000465915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

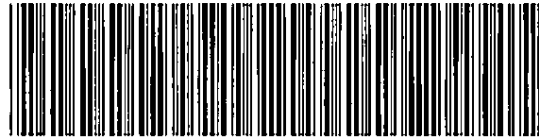
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Amend

Office Use Only



000417975800

*6 Certified
Nov - 5 2023*

FILED

2023 NOV -2 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2023 NOV -2 PM 4:06

CLERK OF SUPERIOR COURT
TALLAHASSEE, FL



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations
From: Eyliena Baker
Ext: 61594
Date: 11/02/23
Order #: 1305738-1
Re: 17553 SE Conch Bar Holdings LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
I20000000195 Authorization:

A handwritten signature in black ink, appearing to read 'Eyliena Baker', is written over the text 'Authorization:'.

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 17553 SE CONCH BAR HOLDINGS 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:

Maria Guarducci, Paralegal

Name of Person

Stern Kilcullen & Rufolo, LLC

Firm/Company

325 Columbia Tpke, Ste 110

Address

Florham Park, NJ 07932

City/State and Zip Code

mguarducci@sgklaw.com

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

For further information concerning this matter, please call:

Maria Guarducci

973

535-1900

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

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>
MGR	Lisa Pilch	505 NW Windflower Terrace	<input checked="" type="checkbox"/> Add
		Jensen Beach, FL 34957	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lisa Pilch	505 NW Windflower Terrace	<input checked="" type="checkbox"/> Add
		Jensen Beach, FL 34957	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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FILED
2023 NOV - 2 PPM 3:39
SECRETARY OF STATE
TALLAHASSEE, FL

2023 NOV -2 PM 3:49
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TALLAHASSEE, FL

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SECRETARY OF STATE
TALLAHASSEE, FL

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(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 605.0207 (3)(b)

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.

Dated November 1, 2023

Ben Mt

Signature of a member or authorized representative of a member

STUART PILTCH, MEMBER

Typed or printed name of signee

Filing Fee: \$25.00