

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000359949 3)))



H240003599493ABCC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : FISHER, TOUSEY, LEAS & BALL
Account Number : I19990000021
Phone : (904)356-2600
Fax Number : (904)355-0233

RECEIVED
2024 OCT 29 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FL

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BOATHOUSE - ST. AUGUSTINE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

FILED
2024 OCT 29 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMUEUX
OCT 30 2024

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H24000359949 3

BOATHOUSE - ST. AUGUSTINE, 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 12/14/2023 and assigned
Florida document number 1.23000549871

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GROUPE SHACK ST. AUGUSTINE, LLC

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

Florida

City

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

H24000359949 3

DocuSign Envelope ID: ED77DE3D-FD50-4D36-ADD6-18D2197FE3F6

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

H24000359949 3

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H24000359949 3

H24000359949 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

1.	1. Name of the person	
2.	2. Address	
3.	3. Date of birth	
4.	4. Date of death	
5.	5. Date of burial	
6.	6. Date of interment	
7.	7. Date of cremation	
8.	8. Date of exhumation	
9.	9. Date of reinterment	
10.	10. Date of removal	
11.	11. Date of return	
12.	12. Date of disposal	
13.	13. Date of collection	
14.	14. Date of delivery	
15.	15. Date of receipt	
16.	16. Date of payment	
17.	17. Date of completion	
18.	18. Date of termination	
19.	19. Date of expiration	
20.	20. Date of renewal	
21.	21. Date of extension	
22.	22. Date of modification	
23.	23. Date of amendment	
24.	24. Date of correction	
25.	25. Date of deletion	
26.	26. Date of addition	
27.	27. Date of deletion	
28.	28. Date of addition	
29.	29. Date of deletion	
30.	30. Date of addition	
31.	31. Date of deletion	
32.	32. Date of addition	
33.	33. Date of deletion	
34.	34. Date of addition	
35.	35. Date of deletion	
36.	36. Date of addition	
37.	37. Date of deletion	
38.	38. Date of addition	
39.	39. Date of deletion	
40.	40. Date of addition	
41.	41. Date of deletion	
42.	42. Date of addition	
43.	43. Date of deletion	
44.	44. Date of addition	
45.	45. Date of deletion	
46.	46. Date of addition	
47.	47. Date of deletion	
48.	48. Date of addition	
49.	49. Date of deletion	
50.	50. Date of addition	
51.	51. Date of deletion	
52.	52. Date of addition	
53.	53. Date of deletion	
54.	54. Date of addition	
55.	55. Date of deletion	
56.	56. Date of addition	
57.	57. Date of deletion	
58.	58. Date of addition	
59.	59. Date of deletion	
60.	60. Date of addition	
61.	61. Date of deletion	
62.	62. Date of addition	
63.	63. Date of deletion	
64.	64. Date of addition	
65.	65. Date of deletion	
66.	66. Date of addition	
67.	67. Date of deletion	
68.	68. Date of addition	
69.	69. Date of deletion	
70.	70. Date of addition	
71.	71. Date of deletion	
72.	72. Date of addition	
73.	73. Date of deletion	
74.	74. Date of addition	
75.	75. Date of deletion	
76.	76. Date of addition	
77.	77. Date of deletion	
78.	78. Date of addition	
79.	79. Date of deletion	
80.	80. Date of addition	
81.	81. Date of deletion	
82.	82. Date of addition	
83.	83. Date of deletion	
84.	84. Date of addition	
85.	85. Date of deletion	
86.	86. Date of addition	
87.	87. Date of deletion	
88.	88. Date of addition	
89.	89. Date of deletion	
90.	90. Date of addition	
91.	91. Date of deletion	
92.	92. Date of addition	
93.	93. Date of deletion	
94.	94. Date of addition	
95.	95. Date of deletion	
96.	96. Date of addition	
97.	97. Date of deletion	
98.	98. Date of addition	
99.	99. Date of deletion	
100.	100. Date of addition	

E. Effective date, if other than the date of filing: _____ (optional)

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.

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 October 28, 2024

DocuSigned by:
Nathan Stuart
BCD1470928D4411... Signature of a member or authorized representative of a member

NATHAN STUART, MANAGER

Typed or printed name of signee.