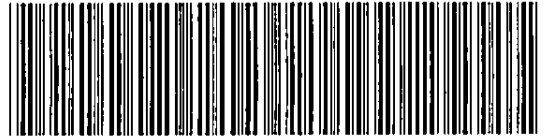


L24006197398



700430637947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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AD

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 385 Harbor Blvd 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:

Jami Jones
Name of Person
Red Star Legacy
Firm/Company
1012 Airport Rd Suite 2A
Address
Destin FL 32541
City/State and Zip Code
jjones@wharf850.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Meagan Austin at (850) 386-7020
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

385 Harbor Blvd, LLC

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

2024 APR 27 PM 2:21

The Articles of Organization for this Limited Liability Company were filed on April 26, 2024 and assigned Florida document number L24000197398.

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:

Dana C. Matthews

New Registered Office Address:

4475 Legendary Drive

Enter Florida streets address

Destin

Florida


32541

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

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 | Cannon/Sullivan Properties, LLC | 3997 Commons Drive, Ste P | <input type="checkbox"/> Add |
| | | Destin, Florida 32541 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Thirsty Goat, LLC | 3997 Commons Drive, Ste P | <input checked="" type="checkbox"/> Add |
| | | Destin, Florida 32541 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Double Portion Enterprises, LLC | 1012 Airport Road, Ste 2A | <input checked="" type="checkbox"/> Add |
| | | Destin, Florida 32541 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Jami M. Jones | 3830 Indian Trail | <input type="checkbox"/> Add |
| | | Destin, Florida 32541 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Walter S. Jones | 3830 Indian Trail | <input type="checkbox"/> Add |
| | | Destin, Florida 32541 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

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

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

(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)

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 June 25 2024

Walter S. Jones
Signature of a member or authorized representative of a member

Walter S. Jones
Typed or printed name of signer