

To:

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2024-07-20 08:07:46 UTC+14

18506176383

From: ZenBusiness User

H240002231743

L240002231743

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H240002231743))



H2400022317434BCZ

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To:

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

From:

Account Name : ZENBUSINESS INC.  
Account Number : I20230000190  
Phone : (844)449-3624  
Fax Number : (512)597-0678

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

Email Address: \_\_\_\_\_

RECEIVED

2024 JUL 19 PM 2:31

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2024 JUL 19 PM 3:50  
FILED

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MARIA'S SMOKEHOUSE SEAFOOD AND FOOD TRUCK OF FT  
MYERS BEACH LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

K. SALY

JUL 22 2024

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Corporate Filing Menu

Help

H240002231743

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

Maria's Smokehouse, Seafood and Food Truck Of Ft Myers Beach 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 05/28/2024 and assigned  
Florida document number L24000245146.

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:

New Registered Office Address:

Enter Florida street address

City, Florida 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

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From: ZenBusiness User

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          | Joshua J Sims | <div><input type="checkbox"/> Add</div> <div>12935 IONA RD<br/>FT MYERS, FL 33908</div> <div><input checked="" type="checkbox"/> Remove</div> |                       |
|              |               | <div><input type="checkbox"/> Change</div>                                                                                                    |                       |
|              |               | <div><input type="checkbox"/> Add</div>                                                                                                       |                       |
|              |               | <div><input type="checkbox"/> Remove</div>                                                                                                    |                       |
|              |               | <div><input type="checkbox"/> Change</div>                                                                                                    |                       |
|              |               | <div><input type="checkbox"/> Add</div>                                                                                                       |                       |
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|              |               | <div><input type="checkbox"/> Change</div>                                                                                                    |                       |
|              |               | <div><input type="checkbox"/> Add</div>                                                                                                       |                       |
|              |               | <div><input type="checkbox"/> Remove</div>                                                                                                    |                       |
|              |               | <div><input type="checkbox"/> Change</div>                                                                                                    |                       |
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|              |               | <div><input type="checkbox"/> Remove</div>                                                                                                    |                       |
|              |               | <div><input type="checkbox"/> Change</div>                                                                                                    |                       |
|              |               | <div><input type="checkbox"/> Add</div>                                                                                                       |                       |
|              |               | <div><input type="checkbox"/> Remove</div>                                                                                                    |                       |
|              |               | <div><input type="checkbox"/> Change</div>                                                                                                    |                       |

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JUL 19 PM 3:50  
CLERK OF DISTRICT COURT  
NINTH JUDICIAL CIRCUIT  
IN AND FOR THE COUNTY OF HAWAII

