L24000258135

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2024 SEP 25 MM 8: 57 SEGRETATION STEELED

Division of Cor				
	oast Concessions, LLC	•	:	
SUBJECT:	Name of Lim	ited Liability Company		
		j. 11		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Gayelene Beadle			
		Name of Person		
	Coast to Coast Concession	s, LLC		
		Firm/Company		
	225 Quail Avenue			
		Address		
	Sebring, Florida 33870			
		City/State and Zip Code		
	coasttocoast863@gmail.co			5 28
	E-mail address: (to be used for future annual report notific	cation)	ACC ACC
For further information c	oncerning this matter, please c	all:		可写
Gayelene Beadle		863 377 0363		2024 SEP 25 1 SECRETARY
Name o	of Person	Area Code Daytime	Telephone Number	100 S
Enclosed is a check for the	he following amount:			in -
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Addres	ve.	Street Address		

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

Coast to Coast Concessions, LLC

being filed to merely reflect a change in the registered company has been notified in writing of this change.	d office address. I hereby confirm that th	he limited liability
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and conaccept the obligations of my position as registered ages being fleet to provide a supply the control of	omplete performance of my duties, and I zent as provided for in Chapter 605. F.S	am familiar with and Or if this document is
New Registered Agent's Signature, if changing Registered		
	City	Zip Code
	, Florid	la
Negistered Office Address.	Enter Florida street address	er:
New Registered Office Address:		72 0
Name of New Registered Agent:		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the</u>	name of the new registered
		N S TI
(Mailing address MAY BE A POST OFFICE BOX)		s a
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new principal offices address, if applicable:		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
A. If amending name, enter the new name of the lim	nited liability company here:	
This amendment is submitted to amend the following:		
Florida document number L24000258135	·	
The Articles of Organization for this Limited Liability (Company were filed on June 6, 2024	and assigned
(A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	

	from our records:		
$\cdot MGR = -M$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Gayelene Beadle	225 Quail Ave Sebring, Florida 33870	≣Add
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Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot b	e prior to date o	f filing or more than	90 days after fil	ing.) Pursua	int to 605,02
ote: If the date inserted in this block does not meet the ocument's effective date on the Department of State's re-	applicable stat	utory filing requi	rements, this d	ate will no	t be listed
beament's effective date of the 12epartment of state 8 fe	.cords.				
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record specifies a delayed effective date, but not an effective date, but not an effect is filed.	ctive time, at 1	2:01 a.m. on the c	earlier of: (b)	The 90th	day after th
September 6, 2024					
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C/01/10/10 10	KOO.a.	dla			
Signature of a member of	or authorized rea	presentative of a me	mber		
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V					

Filing Fee: \$25.00