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## **COVER LETTER**

SUBJECT: Finger Licken Bar B Que + Catering, "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:  Corey Humphrey Name of Person  Finger Licken Bar B Que + Catering, "LLC"  Firm/Company  597/ NW 14th Place  Address  Suh rise, Fl. 333/3  City/State and Zip Code  Cary Latty D aul Com  Name of Person  at (954, 974-4699  Area Code & Dayrime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array} \Begin{array} \text{S25.00 Filing Fee} \Begin{array} \Begin{array} \Begin{array} \text{S40.00 Filing Fee} & Certificate of Status & Certified Copy (additional copy is enclosed)  \end{array}	TO: Registration Section Division of Corporations
Please return all correspondence concerning this matter to the following:  Corey Humphrey Name of Person  Finger Licken Bar B Que + Catering, "LLC" Firm/Company  Sq7/ NW 14th Place  Sunrise, Fl. 333/3  City/State and Zip Code  Cary Catty B ayl. Com Te-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Toseph Panto Name of Person  at (954) 274-4699  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array} \text{So.00 Filing Fee} & Certificate of Status & Certificate of Status & Certificate Of Status & Certificat Copy (additional copy is enclosed)	SUBJECT: Finger Licken Bar B Que + Catering, "LLC" Name of Limited Liability Company
Corey Humphrey Name of Person  Finger Licken Bar Baue + Catering, "LLC" Firm/Company  597/ NW 14th Place Address  Sunrise, Fl. 333/3 City/State and Zip Code  Capy Capy Baul. Cum Te-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Toseph Panto Name of Person  at (954) 274-4699 Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array} \text{S25.00 Filing Fee} & Certificate of Status & Certified Copy (additional copy is enclosed)}  Certified Copy Certified Copy (additional copy is enclosed)	The enclosed Articles of Amendment and fee(s) are submitted for filing.
Finger Lichen Bar B Que + Catering, "LLC"  Singer Lichen Bar B Que + Catering, "LLC"  Singer Lichen Bar B Que + Catering, "LLC"  Singer Lichen Bar B Que + Catering, "LLC"  Address  Sun rise, Finn/Company  City/State and Zip Code  Cap Catering Code  Cap Catering  City/State and Zip Code  Cap Catering  City/State and Zip Code  Cap Catering  Code Com  Te-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Joseph Pan to  Name of Person  at (954), 274-4699  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status Certified Copy  (additional copy is enclosed)  Certified Copy  Certificate Copy  Certified Copy  Certified Copy  Certified Copy  Certified Copy	Please return all correspondence concerning this matter to the following:
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City/State and Zip Code  Cap Catty D aul. Com  Te-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Tos eph Panto  at (954) 274-4699  Name of Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:  \$\int \frac{\$25.00 \text{ Filing Fee}}{\text{Certificate of Status}} \int \frac{\$55.00 \text{ Filing Fee}}{\text{Certified Copy}} \text{Certified Copy}	597/ NW 14th Place
Cap Catty @ acl. Com  (E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:    Jos eph Pan to	Sunrise, Fl. 333/3
Tos eph Panto  at (954) 274-4699  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:  [\$25.00 Filing Fee \$\text{Certificate of Status}\$ Certified Copy (additional copy is enclosed) Certified Copy	
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\$25.00 Filing Fee \$\ \times \text{Solononial Filing Fee & Certificate of Status} \text{Solononial Fee & Certified Copy (additional copy is enclosed)} \text{Solononial Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy}	Tos eph Panto at (954) 274-4699  Name of Person Area Code & Daytime Telephone Number
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MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

09 SFP 23 AM II - 26

Finger Licken Bar B (Name of the Limited Liability Cor (A Florida Limit	Que + C	ateringe CRETARY OF STATE
(A Florida Limit	ed Liability Company	))
The Articles of Organization for this Limited Liability Comp	nany were filed on _	Aug. 17, 2009 and assigned
Florida document number <u>L090007883</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company l	nere:
Finger Lichen Bar B ( The new name must be distinguishable and end with the words "	Que, "	<u> </u>
The new name must be distinguishable and end with the words "l"L.L.C."	Limited Liability Con	npany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	674	7 Sunset Strip
(Principal office address MUST BE A STREET ADDRESS	Sunr	7 Sunset Strip ise, Florida 33313
	<u> </u>	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
TION TORISMON CHINA LIMITAN.		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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action Title** <u>Name</u> **Address** MGRM Catherine Capezzuto 705 Marine Drive Hallandale, Ft. 33009 ☐ Add Remove ☐ Add Remove ☐ Add Remove Add [ Remove □Add Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00