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(0	Document Number)	
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COVER LETTER

Division of Corporations
SUBJECT: JAY'S SMOKIN BBQ UC 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:
Name of Person
Jay's Sarokin BBQ LLC
SUBJECT: JAYS Subject BBQ UC 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: JASON BBQ LLC Firm/Company Z3410 Abens Ave Address City/State and Zip Code JAYLAMA TALL CAM E-mid address: to be used for future annual report notification) For further information concerning this matter, please call: JASON BBQ LLC Firm/Company Area Code JAYLAMA TALL CAM Area Code Desyme Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate of Status Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810
JAYCHMA74B CMAIL-Com
For further information concerning this matter, please call:
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy
Registration Section Division of Corporations P.O. Box 6327 Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

12 VAS DWOK.	BBQ blc 1	
(Name of the Limited Liability Company a	as it now appears on our records.)	
•		
The Articles of Organization for this Limited Liability Company we	ere filed on Mach 79, 2021 and as	ssigned
Florida document number <u>L21006146360</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
JAY'S SMOKIN BBQ	(()	
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)		
-		
	d and a second s	nu ragistared
B. If amending the registered agent and/or registered office addagent and/or the new registered office address here:	iress on our records, enter the name of the i	ew registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip Cod	ė
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am Jamiliar v ovided for in Chapter 605, F.S. Or, if this do	vith and cument is

If Changing Registered Agent, Signature of New Registered Agent

mending any other information, enter change(s) here: (Attach additional sheets		
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	7021	
		
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90- te: If the date inserted in this block does not meet the applicable statutory filing requirem current's effective date on the Department of State's records.	rens, this date will not be	
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlistiled.	lier of: (b) The 90th day	after the
red April 19th. ZOZI.		
<u> </u>		_
Sanday of a member or authorized representative of a member of of	per	
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Filing Fee: \$25.00