## 549779

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: SMOKEY'S REAL	PIT BARBEC	QUE INC		
DOCUMENT NUM					
	es of Amendment and fee are su	bmitted for fili	ng.		
Please return all cor	respondence concerning this ma	tter to the follo	wing:		
	KEVIN HOWELL				
		Name of Co	ntact Persor	1	
	WARR & FORESTER LLC				
		Firm/ C	Company		
	1360 W NINE MILE ROAD				
		Add	dress		
	PENSACOLA, FL 32534				
		City/ State a	and Zip Code	2	
	KEVIN@WARRFORESTER	R.COM			
	E-mail address: (to be us	sed for future a	nnual report	notification)	
	ion concerning this matter, pleas		0.50	177.50/0	
KEVIN HOWELL		at (		_) <u>477-5968</u> _)	_
Name of Contact Person			Area Co	de & Daytime Telephone Number	
Enclosed is a check	for the following amount made	payable to the	Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified ( (Additional enclosed)	Сору	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
A D P.	mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314		Amend Divisio The Co 2415 N	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303	

## Articles of Amendment to Articles of Incorporation

SMOKEY'S REAL PIT BARBEQUE INC

(Name of Corporation as currently file	ed with the Florida Dept. of State)	
549779		
(Document Number of Con	rporation (if known)	_
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Flori</i> its Articles of Incorporation:	rida Profit Corporation adopts the following amendm	nent(
A. If amending name, enter the new name of the corporation:	TI.	
name must be distinguishable and contain the word "corporation," "comp "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A pro "chartered," "professional association," or the abbreviation "P.A."		•
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		-
_	<u> </u>	
C. Enter now modified address if applicable.	(2)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	- G - <del>-</del> -
_		) ]- <
	卫	5 27 5300
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	in Florida, enter the name of the	
Name of New Registered Agent		
(Florida street a	address)	
New Registered Office Address: (City	, Florida	<u>-</u>
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with a	and accept the obligations of the position.	
Signature of New Regist	tered Agent, if changing	
Check if applicable  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), I	F.S.	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, a address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Che Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office he President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	S	RONI BARRY	5284 HWY 29N
$\frac{X}{Add}$			MOLINO, FL 32577
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<u> </u>
Remove			

ttach additional sheets, if necessary).	icles, enter chan (Be specific)				
	- ·				
			<del></del>		
	_ <del>.</del>				
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		· · ·			
<del></del>					
an amendment provides for an excl	hange, reclassifi	cation, or canc	ellation of issued	shares	
provisions for implementing the ame	endment if not c	ontained in the	amendment itse	elf:	
(if not applicable, indicate N/A)					
			<del></del> .		
·· <del>·</del>					
	<del></del> -				

	adoption:, if other than
date this document was signed.	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will not be listed a department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adeaction was not required.	lopted by the incorporators, or board of directors without shareholder action and shareholder
The amendment(s) was/were adby the shareholders was/were so	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cast	t for the amendment(s) was/were sufficient for approval
by	TRICIA BARRY "
	(voting group)
05/04/2020	
Dated	
Signature	
(By a d	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)
	DAVID BARRY
	(Typed or printed name of person signing)