## 672045

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: WOODY'S BAR-B-Q INC DOCUMENT NUMBER: 672045 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: YOLANDA MILLS Name of Contact Person WOODY'S BAR-B-Q INC Firm/ Company 4745 SUTTON PARK COURT, SUITE 301 Address JACKSONVILLE, FL 32224 City/ State and Zip Code YCLANDA@WOODYSBARBQ.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: YOLANDA MILL Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □S43.75 Filing Fee & ☐\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## WOODY'S BAR-B-Q INC-

	[ · ?		
	(Name of Corporation as currently	filed with the Florida Dept. of State)	
672045			
	(Document Number of C	Corporation (if known)	
Pursuant to the provits Articles of Incor	isions of section 607.1006, Florida Statutes, this $Fl$ oration:	lorida Profit Corporation adopts the following am	endment(s) to
A. If amending na	me, enter the new name of the corporation:		
"Corp.," "Inc.," o	nguishable and contain the word "corporation, Co.," or the designation "Corp," "Inc." or "Co professional association," or the abbreviation "P.	o". A professional corporation name must conta	viation
B. <u>Enter new prin</u>	cipal office address, if applicable:		
	Iress MUST BE A STREET ADDRESS )	33	<del>3</del>
		200	TO TI
		~. 4	等下
C. Enter new mai	ing address, if applicable:		m in
(Mailing addre.	MAY BE A POST OFFICE BOX)	<u> </u>	
	1		.0.8€
			-2.0
<b>5</b> . 16. 11. 1			
	eregistered agent and/or registered office address agent and/or the new registered office address:	is in Florida, enter the name of the	
Manus of N	The Bookstoned Count		
<u>Name oj iv</u>	ev Registered Agent		
	(Florida swee	t address)	
<u>New Regis</u>	tered Office Address:	, Florida	
	10	City) (Zip Code)	İ
Nam Dagictarad Co	ent's Signature, if changing Registered Agent:		
I hereby accept the	appointment as registered agent. Lam familiar wi	th and accept the obligations of the position.	
	Signature of New Reg	gistered Agent, if changing	

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

(Attach additional spects, 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 = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. 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 is 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 Change. Mike Jones, V as Renove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> .	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
X Change	PTD	YOLANDA MILLS	100 KINGFISHER DRIVE
Add			PONTE VEDRA BEACH, FL
Remove			32082
2) X Change	<i>C</i> .	JAMES MILLS, JR	101 CANNON COURT
Add			PONTE VEDRA BEACH, FL
Remove			32082
3) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change		<del></del>	
Add			
Remove			
6) Change			
Add			
Remove			

(Attach <i>additiond</i>	sheets, if necessary). (Be specific)	
	-10-7	
,		
		***
If an amendmer	t provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for	mplementing the amendment if not contained in the amendment itself:	
(if not appl	cable, indicate N/A)	
.,		
<del></del>		•
	<del></del>	-

date this document was signed.
Effective date <u>if applicable</u> :  (no more than 90 days after amendment file date)
Note: If the date it serted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) ( <u>CHECK ONE</u> )
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by"  (voting group)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated March 27, 2018
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed tiduciary by that tiduciary)
Volanda H. Mills
(Typed or printed name of person signing)
(Title of person signing)