L03000039266

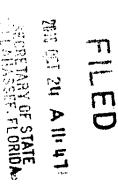
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

10:	Registration Division of C				
SHE	TLR, LL	.c			
501	<u>-</u>	Name of Lim	ited Liability Company		
The	enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Plea	se return all corres	spondence concerning this matter	to the following:		
		Denise Mendez Smith			
			Name of Person		
		Spare Rib, LLC			
			Firm/Company		
		3783 Hartsfieldl Rd.			
			Address		
		Tallahassee, FL 32303			
			City/State and Zip Code		
		rsonny6712@comcast.net			
		E-mail address: (to be used for future annual report notif	ication)	
For	further information	n concerning this matter, please c	all:		
Den	nise Mendez Smith	1	850 575-9997 at ()		
	Nam	Name of Person Area Code Daytime Telephone Number		Telephone Number	
Encl	losed is a check fo	r the following amount:			
	\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	

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

TLR, LLC			
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on o I Liability Company)	ur records <u>.</u>)	
The Articles of Organization for this Limited Liability Company lorida document number L03000039266	y were filed on October	14, 2003	_ and assigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited lia	bility company here:		
he new name must be distinguishable and contain the words "Limited Liab	pility Company," the designat	ion "LLC" or the abbre	viation "L.L.C."
nter new principal offices address, if applicable:		*. *	
Principal office address MUST BE A STREET ADDRESS)		j d	State Company
			编
		S. D.	24
nter new mailing address, if applicable:		19	<u></u>
Mailing address MAY BE A POST OFFICE BOX)	***	0.1 1.8	= 0
		REAL PROPERTY.	<u> </u>
	-	S.A.	
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address he		records, enter th	e name of the no
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida str	eet 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Ambl	G. David Ponti	3783 Hartsfield Rd.	Add
		Tallahassee, FL 32303	■ Remove
			Change
			☐ Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
			ARY POR
			Remove
			□ Change

BAR-B-Q restaurants. The Com	ipany shall not undertake,	assume or guarantee	obligations or lia	abilities of ar	ıy
sort, except for those directly rela	ated to its purpose.				
		·			
				•••	
					
	<u> </u>				
					
	-		120 2 112		
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ective date, if other than the dat effective date is listed, the date must be	te of filing:specific and cannot be prior to	o date of filing or more t	(option han 90 days after f	nal) iling.) Pursuar	nt to 605.0
e: If the date inserted in this block ument's effective date on the Depar	does not meet the applical	ole statutory filing re-	quirements, this	date will not	be listed
	factive data but a set		e, at 12:01 a.	m. on the	earlier
record specifies a delayed ef ne 90th day after the record	is filed.	an effective time			
ne 90th day after the record	l is filed.	an effective time			
ne 90th day after the record	l is filed.	an effective time		2016	
ne 90th day after the record	l is filed.			<u> </u>	<u></u>
ASSAL .	is filed.			<u> </u>	

Filing Fee: \$25.00