L06000020735

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



100316978151

08/16/18--01022--020 **25.00

18 AUG 16 AM 8: 30

K. SALY AUG 24 2018

COVER LETTER

TO		gistration Se vision of Cor			
CILI	D LUZYE.		ESSIONAL CONSULTING		
SUI	вјест:				
The	enclose	d Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Plea	ise retur	n all correspo	ndence concerning this matter t	to the following:	
			ALLISON HUNTE		
	Name of Person Z&A PROFESSIONAL CONSULTING LLC Firm/Company 12206 BIG BEND RD Address RIVERVIEW, FL 33579				
	Name of Person Z&A PROFESSIONAL CONSULTING LLC Firm/Company 12206 BIG BEND RD Address				
Name of Person Z&A PROFESSIONAL CONSULTING LLC Firm/Company 12206 BIG BEND RD Address RIVERVIEW, FL 33579 City/State and Zip Code HUNTE11225@HOTMAIL.COM E-mail address: (to be used for future annual report notification)					
12206 BIG BEND RD					
Address					
RIVERVIEW, FL 33579					
				City/State and Zip Code	
			-		
Address RIVERVIEW, FL 33579 City/State and Zip Code HUNTE11225@HOTMAIL.COM					
For	further i	nformation co	oncerning this matter, please ca	dl:	
ALI	LISON I	HUNTE		813 731-1519 at ()	
		Name of	f Person	Area Code Daytime	Telephone Number
Enc	losed is	a check for th	ne following amount:		
8	\$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, F1, 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**

Z&A PROFESSIONAL CONSULTING LLC

ARTICLES OF	AMENDMENT	
		SECULIA AH 8:30 Ords.) 8
	RGANIZATION	18 MI ED
О	ľ	Sec. 18 1
Z&A PROFESSIONAL CONSULTING LLC		TALLASSIAN AM 8:30
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our reco	ords.)
(A Florida Limited)	Liability Company)	CORIDE
The Articles of Organization for this Limited Liability Company	were filed on JULY 27, 201	8 and assigned
Florida document number L06000020735		
Torida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
BBB/BIG BEND BAR B QUE LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "L	LC" or the abbreviation "L.L.C."
	12206 BIG BEND RD	
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	RIVERVIEW, FL 33579	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of		rds, enter the name of the nev
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:	<u></u>	
New Registered Office Address:		
	Enter Florida street ada	lress
		Florida
	City	Zip Code

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: FILED MGR = Manager AMBR = Authorized Member Type of Action <u>Name</u> Address Title □ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add □ Remove _□ Change □ Add □ Remove _□ Change □ Add □ Remove ☐ Change □ Add ☐ Remove

□ Change

-	FILED 18 AUG 16 AM 8: 3	
-	SECRETAR S. 3.	
•	TALLAHASSEE, FLORIDA	
	Adv.	
-		
-		
-		
-		
•		
E. Effect	ive date, if other than the date of filing: (optional)	
(If an ef <u>Note:</u>	Sective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.4. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records.	0207 (3)(h d as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	r of:
Dated	July 27 2018.	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00