L060000043743

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	egistration Se ivision of Cor				
end neem		Wings N' Things of Sunrise,	LLC		
SUBJECT		Name of Lim	ited Liability Company		
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retu	rn all correspo	ndence concerning this matter	to the following:		
		Chapman Smith, Esq.			
			Name of Person		
		Chapman Smith & Associ	ates, PLC		
			Firm/Company		
		2699 Stirling Road, Suite	A-201		
			Address		20
		Fort Lauderdale, FL 33312	2		21 DEC
			City/State and Zip Code		6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 - 6 -
		E-mail address: (to be used for future annual report no	ification)	
For further	information c	oncerning this matter, please c	all:		က္
Chapman S	Smith, Esq.		954 981-3249 at ()		m., 2 m. 00
	Name o	f Person		ne Telephone Number	
Enclosed is	s a check for th	ne following amount:			
\$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
	lailing Addres		Street Address: Registration Se	ection	
	ivision of C		Division of Co		
	O. Box 632		The Centre of		10
1.	allahassee, I	"L 32314	2415 N. Monro	be Street, Suite 8	IU

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Bru's Room Wings N' Things of Sunrise, LLC

(A Florida Limited I)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on April 27, 2006	and assigned
Florida document number <u>L06000043743</u> .		rn oo
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Bob G's Wings N' Things of Sunrise, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LEC" or th	e 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)		
B. If amending the registered agent and/or registered office : agent and/or the new registered office address here:	address on our records, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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. Thereby 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
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Nat	ctive date, if other the effective date is listed, the de in If the date inserted in the ement's effective date on	ins plock goes no	n meet me applica	n date of filing or more lible statutory filing n	(aptional than 90 days after filing equirements, this dat) p) Pursuant to 605,020 will not be listed a
f the resected i	eord specifies a delayed e filed.	ffective date, but !	not an effective ti	me, et 12:01 s.m. or	the earlier of: (t) T	he 90th day after th
*	December 2		2021			
Đat	ed December 2	9 A.	le tre	orined representative of		
		Eignelure o	f a member or author	orined representative of	इ सामस्याप्रज्य	