6/15/22, 1010 AM

## Floridal Department of State Division of Corporations Effections Filing Cover Sheets

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

<u>د</u>م

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone : (727)442-1200

Fax Number : (727)443-5829

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WEST COAST BAR B Q, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

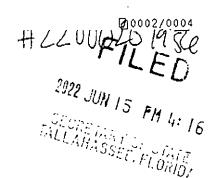
Electronic Filing Menu

Corporate Filing Menu

Help **K. SALY** 

JUN 16 2022

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

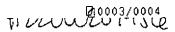
WEST COAST BARIB Q, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 11/7/2006 and assigned Florida document number 1.06000108037
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida

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.

City

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>	Address	Type of Action
PRES	EDWARD M. TITEN	136 7TH AVE N	□Add
		ST. PETERSBURG FL 33701	\exists Remove
			□Change
MGR	JAMIE TITEN INGRAHAM	136 7TH AVE N	<b>⊟</b> ∧dd
		ST. PETERSBURG FL 33701	□Remove
	·		□Change
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(If an effe <u>Note:</u>	ve date, if other than the date of filing:	' (3 th
If the record	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.	
Dated _	JMC 15 anna	
	Signature of a member or authorized representative of a member	
	ALAN S. GASSMAN, AUTH. REP.	

Filing Fee: \$25.00