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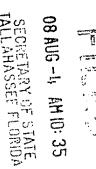
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COVER LETTER

то:	Registration Se Division of Cor						
SUBJECT: BUBBA'S BAR & GRILLE, LLC							
50202	(Name of Limited Liability Company)						
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspondence concerning this matter to the following:							
				•			
MARVIN E PITTMAN							
			(Name of Person)				
MARVIN E PITTMAN, ACCOUNTANT				· 			
			(Firm/Company)				
			(Address)				
		NAVARRE, FL 32566					
			(City/State and Zip Code)				
For furt	her information c	oncerning this matter, please c	all:				
MARVIN PITTMAN at (850) 939-3261							
(Name of Person)			(Area Code & Daytime T	elephone Number)			
Enclose	d is a check for th	e 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		ation Section n of Corporations ox 6327	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BUBBA'S BAR & GRILLE, 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	24, 2008 and assigned		
Florida document number L08000071319	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company,"	"the designation "LLC" or the abbreviatio	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)	,	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the nev	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter	(Enter Florida street 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** MGRM LINDA A SIMPSON ☐ Add 1768 VILLA VIZCAYA DR NAVARRE, FL 32566 US Remove STEVE E GRANGER MEMB 8609 SAND PINE DR ☐ Add NAVARRE, FL 32566 US Remove **↑** Add Remove **□** Add ☐ Remove ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated July Signature of a member of authorized representative of a member

Page 2 of 2

Typed or printed name of signee

MICHAEL R SIMPSON

Filing Fee: \$25.00