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EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Mukehiruse, Li (Name of Limi	(Cited Liability Company)	<u>,</u>
,			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	1. % A
	(Smo)	Kies) Mike K (Name of Person) OKies BBQ	ing Property of the second of
	Sm	OKUES BBY (Firm/Company)	
	4174	Apalachee PKury (Address)	
	Tall	(City/State and Zip Code)	
For further information	concerning this matter, please co	all:	
(Name of Person) at (850) 245-4375 (Area Code & Daytime Telephone Number)			lephone Number)
		منع. ا	
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Regist	ING ADDRESS:	STREET/COURIER A Registration Section Division of Composition	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ALLAND ON THE OWNER OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER OW (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 January 21, 2009 and assigned Florida document number L \$9\$\$\$\$6435 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Ma 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)

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.

M/a
(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Address</u> <u>Title</u> **Name Type of Action** Michael King 4176 Apalachee PKwy. Remove □ Add ☐ Remove Add 🗂 Remove _ Add Remove Add 🗖 Remove _ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ MMA A Hart-King Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00