

LD90000008613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

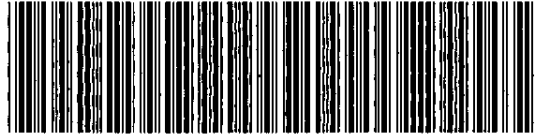
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/06/09--01035--004 **25.00

N. C. ~~Court~~ APR - 7 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOB'S YOUR UNCLE BBQ + WINGS, LLC.
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GEORGE ASHFORD
(Name of Person)

BOB'S YOUR UNCLE BBQ + WINGS
(Firm/Company)

1218 WINTER GARDEN-VALELAND RD.
(Address)

WINTER GARDEN, FL. 34787
(City/State and Zip Code)

For further information concerning this matter, please call:

GEORGE ASHFORD at (321) 229-5786
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☒ ~~\$35.00~~ \$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

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**

BOB'S YOUR UNCLE BBQ+WINGS 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 FEBRUARY 4, 2009 and assigned Florida document number 209000008613.

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 "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:

GEORGE ASTOR
1218 WINTER GARDEN - FINELAND Rd. STE 100
(Enter Florida street address)
WINTER GARDEN, Florida 34787
(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)

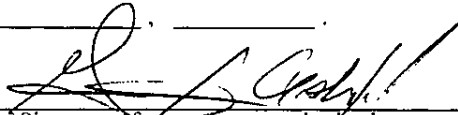
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
TREASURER	TEDDY MUNIZ	13154 MOONFLOWER COURT CLERMONT, FL. 34711	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
SECRETARY	REBECCA MUNIZ	13154 MOONFLOWER COURT CLERMONT, FL. 34711	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PRESIDENT	GEORGE ASHFORD	1218 WINTER GARDEN-VINELAND RD WINTER GARDEN, FL. 34787 SITE # 100	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____



Signature of a member or authorized representative of a member

George L. Ashford

Typed or printed name of signee

Thursday April 2, 2009

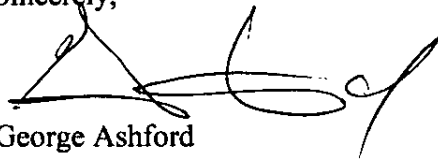
To Whom It May Concern:

My name is George Ashford, registered agent for Bob's Your Uncle BBQ and Wings LLC. Please send all correspondents regarding the amendment to our corporate documents to:

Bob's Your Uncle BBQ and Wings LLC
c/o George Ashford
1218 Winter Garden/Vineland Rd
Suite 100
Winter Garden, FL 34787

Any further questions please feel free to contact me at 321-229-5786 or 321-278-6690
Thank you in advance for all your cooperation.

Sincerely,



George Ashford