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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FISHER, TOUSEY, LEAS & BALL
Account Number : I19990000021
Phone : (904) 356-2600
Fax Number : (904) 355-0233

****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
MOJO BBQ & BLUES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUN -1 PM 4:33

16 JUN -1 PM 2:44

FILED

J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mojo BBQ & Blues, 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:

Marvin Kloeppe

Name of Person

Fisher Tousey Leas & Ball, P.A.

Firm/Company

501 Riverside Avenue, Suite 600

Address

Jacksonville, Florida 32202

City/State and Zip Code

tlv@fishertousey.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marvin Kloeppe

904 356-2600
at ()

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

☐ \$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

H16000134464

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Todd S. Lineberry	11082 Sentry Oak Court	<input type="checkbox"/> Add
		Jacksonville, Florida 32256	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Todd S. Lineberry	11082 Sentry Oak Court	<input checked="" type="checkbox"/> Add
		Jacksonville, Florida 32256	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
JUN 1 2016
TALLAHASSEE, FLORIDA
CLERK OF STATE

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

Article IV, Management, shall be deleted in its entirety and the following shall be inserted in its stead:

Article IV, Management

The Limited Liability Company shall be a manager-managed limited liability company within the meaning of the
 Florida Revised Limited Liability Company Act.

Article V, Members, shall be deleted in its entirety and the following shall be inserted in its stead:

Article V, Manager

The name and address of the manager of the Limited Liability Company is:

Todd S. Lineberry

11082 Sentry Oak Court


Jacksonville, Florida 32256

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated May 31, 2016


 Signature of a member or authorized representative of a member

Marvin Kloepfel, Authorized Representative

Typed or printed name of signee

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