## L10000057903

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## **COVER LETTER**

Division of Corporations			
SUBJECT: The Colonel's Place	ce		
The enclosed application, certificate and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Russell Edwards  Name of Person  Firm/Company  4975 Keohone Dr  Address  Tallahassee FL 32309  City/State and Zip Code  1b007@aol.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Linda Edwards  Name of Person  STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  Enclosed is a check for the following amount:			
Dear Sir or Madam:			
The enclosed application, certificate and fee(s) a	re submitted for	filing.	
Please return all correspondence concerning this	matter to the fol	lowing:	
Russell Edwards			
Name of Person	<del></del>		
Firm/Company			
4975 Keohone Dr			
Address			
Tallahassee FL 32309			
City/State and Zip Code			
lb007@aol.com			
	report notification	n)	
For further information concerning this matter, r	olease call:		
		294-0	0102
			<del></del>
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		Registrat Division P.O. Box	tion Section of Corporations x 6327
Enclosed is a check for the following amount:  \$\Begin{array}{c} \$25 \text{ Filing Fee} & \Bigcup \$30 \text{ Filing Fee & Certificate of Status} \end{array}\$	S55 Filing Certified C		\$60 Filing Fee, Certificate of Status & Certified Copy

TO: Registration Section

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Colonel's Place			
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)		
The Articles of Organization for this Limited Liability	Company were filed on 5/27/2010	and assigned	
Florida document number L1000057903			
This amendment is submitted to amend the following:		9. d -4	
A. If amending name, enter the new name of the li	mited liability company here:		
Big Papa Enterprises LLC		5 5	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	<del></del>	7.2.	
(Principal office address MUST BE A STREET ADL	DRESS)		
		,	
Enter new mailing address, if applicable:			
••			
[Malling address MAT BE A POST OF FICE BOX]		· · · · · · · · · · · · · · · · · · ·	
	<del> </del>		
		enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Enter Florida street address		
	d Liability Company were filed on 5/27/2010 and assigned following:  the of the limited liability company here:  the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." plicable:  REET ADDRESS)  CCE BOX)  Und/or registered office address on our records, enter the name of the office address here:  Enter Florida street address  Florida		
	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)  cles of Organization for this Limited Liability Company were filed on 5/27/2010 and assign ocument number 11000057903  endment is submitted to amend the following:  mending name, enter the new name of the limited liability company here:  Enterprises LLC  ame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.  they principal offices address, if applicable:  and office address MUST BE A STREET ADDRESS)  we mailing address, if applicable:  address MAY BE A POST OFFICE BOX)  mending the registered agent and/or registered office address on our records, enter the name of ed agent and/or the new registered office address here:  Name of New Registered Agent:  Name of New Registered 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 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.

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 = M $AMBR = M$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the date an effective date is listed, the date must be space. If the date inserted in this block deductment's effective date on the Department.	ecific and can ses not meet	not be prior to d the applicable		nore than 90 days			
e record specifies a delayed effe The 90th day after the record i		e, but not a	n effective	time, at 12:0	1 a.m. on	the earlie	r of
Dated 10/14  Russell Signa	$\sqrt{}$	2017 Edw aber or authorize	ed representative	c of a member			
D	_	ED (					

Page 3 of 3

Filing Fee: \$25.00