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(Requestor's Name)	;
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: FRO	G'S BARBEQUE Name of Limited	Liability Company	
The enclosed Articles of	Amendment and fee(s) are submit	ated for filing.	
Please return all correspo	ondence concerning this matter to	the following:	
	RENAT	Name of Person	
	FROUS BAR	EBEQUE PAD Firm/Company	LLC.
	21031 N.	E. Highway 2	.7
	Williston, F	City/State and Zip Code	
	To Ny - Froes E-mail address: (to b	BBQ @ 9 mail -	Complication)
For further information c	oncerning this matter, please call:		
REURTO Name o	Cow RAM RET	at (386) 852: Area Code Daytin	ac Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mame of the Limiter	BEQUE +	ny as it now appears on contability Company)	our records.)	_ <del>.</del>
	A Florida Limited L	nability Company)		
The Articles of Organization for this Limited Lia	bility Company	were filed on	8/2010	and assigned
Florida document number <u>L 10000111</u>	0265_	·		
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ity Company," the designa	ition "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applica	ble:	21031 N.	E. Highway	27
(Principal office address MUST BE A STREET	ADDRESS)	williston		
		_		
Enter new mailing address, if applicable:		21031 N	Viei High	vay 2-7
(Mailing address MAY BE A POST OFFICE B	<u>20X)</u>		, FL 37(	ه در د
				~)
B. If amending the registered agent and/or re	gistered office a	ddress on our record	ls, <u>enter the name</u>	্ৰ <u>of the new registered</u>
agent and/or the new registered office address	here:			ĵ
Name of New Registered Agent:	Ωσ	NATO RA	m: 0 < 2	·
Name of New Registered Agent.				
New Registered Office Address:	210	3\ \N.E. \Hi Enter Florida sti	ghoog 27 reet address	الات <u>ال</u> ا
	w.llis		, Florida <u>3</u>	ω 2696
		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 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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM Owner, RA		21031 N.E. Highway 27	(E)Kdd
and meer		Williston, FT, 32696	□Remove
			□Change
MGRM	_	16461 WEST Highway 31	8 □Add
RA (REGIS		Williston, FL 32696	(Le Remove
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Note:	tive date, if other than the date of filing:
the reco	rd 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 iled.
Dated	July 28th 2024
	Signature of a member of mithorized representative of a member
	Robert D. HAYEN SQ.  Typed or printed name of signee

Filing Fee: \$25.00