

L12000017473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

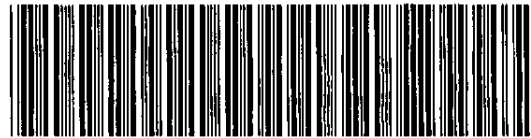
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF REGISTRATION
2013 MAR 26 PM 3:26

C. LEWIS
MAR 27 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Big Mommas Smokehouse BBQ Plantation 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:

Christiane Stephens
Name of Person

Firm/Company

5018 Janice Lane
Address

Holiday FL 34690
City/State and Zip Code

Kbstephens33@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christiane Stephens at (561) 2014626
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2013 MAR 26 PM 3:26

Big Mommas Smokehouse BBQ Plantation 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 2-6-12 and assigned
Florida document number L12000017473

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Big Mommas Smokehouse BBQ TPA LLC

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)

2921 West Waters Ave
Tampa FL 33614

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

Florida

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input 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

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

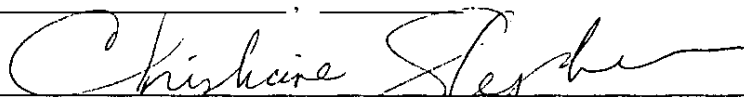
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATION

2013 MAR 26 PM 3: 26

Dated _____



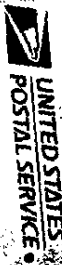
Signature of a member or authorized representative of a member

Christiane Stephens

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00



UNITED STATES
POSTAL SERVICE

CUSTOMER'S RECEIPT

Big Mouths Name change

SEE BACK OF THIS RECEIPT
FOR IMPORTANT CLAIM
INFORMATION

NOT
NEGOTIABLE

Serial Number

19371698730

Year, Month, Day
2013-03-04

Post Office
34690

Amount
\$25.00

Check
0003

Pay to
Div of Corporation

Address

PO Box 12327

Antelmas Inc

KEEP THIS
RECEIPT FOR
YOUR RECORDS

Please note, previously on 3/4, this
payment was sent to your office for
an unemployment and credit this day
approximately it has not been received because
it was stated that you did not receive the
paperwork. I am submitting another payment.
If the initial payment should arrive, please mail the
@ 5018 Janie Lane, Holiday FL 34690