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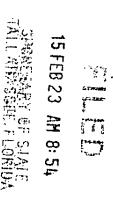
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COVER LETTER

TO:	Registration Division of	n Section Corporations		
CUBIC	JUBIL	EE BBQ, L.L.C.		
SUBJE	CI:	Name of Lim	ited Liability Company	
The end	losed Articles	s of Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all corre	espondence concerning this matter	to the following:	
		Candi L. Gray		
		<u> </u>	Name of Person	*************************************
		Emerald Coast Pern	nitting, Inc.	
			Firm/Company	
		534 Driftwood Point	Road	
			Address	
		Santa Rosa Beach,	FL 32459	
			City/State and Zip Code	
		emeraldcoastpermitti E-mail address: (Ing@cox.net to be used for future annual report notific	cation)
For furt	her information	on concerning this matter, please ca	all:	
Cand	i L. Gray		850 837-7444	
	Nar	ne of Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check f	or the following amount:		
■ \$25	.00 Filing Fee	e \$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)
		AILING ADDRESS:	STREET/COURIE	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUBILEE BBQ, L.L.C.	
(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 10/22/2014 Florida document number L12000036895	and assigned
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	he 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, entregistered agent and/or the new registered office address here:	ter the name of the
	三原 5
Name of New Registered Agent:	
New Registered Office Address:	With D
Enter Florida street address	
, Florida City	Zij Zip G St le
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Albert M. Miller	8221 Bennington Drive	Add
		Knoxville, TN 37909	■ Remove
MGR	Shelby Miller	73 Talan Court	
		Santa Rosa Beach, FL 32459	Remove
MGR	Vickie Miller	4281 E. County Highway 30A, Suit	e 102 ■ Add
		Santa Rosa Beach, FL 32459	Remove
MGRM	Courtney Stubley	4281 E. County Highway 30A, Suit	e 102 ■ ■ Add
		Santa Rosa Beach, FL 32459	Remove
· · · · · · · · · · · · · · · · · · ·			Add 15 F
			FEBRURE 23 AM 8: BES
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Filing Fee: \$25.00

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