L120000 61547

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·		
(Ad	idress)			
(Ac	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	₩ wait	MAIL		
(Ви	usiness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



800235338988

05/25/12--01026--012 **25.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

MAY 2 9 2012 T. HAMPTON

COVER LETTER

	TO: Registra Division	ation Section of Corporations	. ₩
	SUBJECT:	Big Bob's Restaurant LLC	
		Name of Limited Liability Company	
٠.	The enclosed Arti	icles of Amendment and fee(s) are submitted for filing.	
•• •	Please return all c	correspondence concerning this matter to the following:	
,	<u>.</u>	Hema Rupnarain	
''	•	Name of Person	
		Hema Rupnarain CPA PA	<u></u>
		Firm/Company	
		PO Box 1177 Address	
		Address	
		Ocklawaha FL 32183	
		City/State and Zip Code	
		info@hemacpa.com E-mail address: (to be used for future annual report notification)	
	For further inform	nation concerning this matter, please call:	
	Dil	here Dura at (352) 288 - 4200 Area Code & Daytime Telephor	ne Number
	Enclosed is a chec	ck for the following amount:	
e sejet	\$25.00 Filing I	Certificate of Status Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) NALL ADDITIONAL COPY CONTRACTOR OF THE CONTRACTOR OF THE COPY OF THE CO

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 ARTICLES OF ORGANIZATION TO

12 MAY 25 PM 2: 36 **OF**

Big E	Bob's Restaurant LLC			
(Name of the Limited Lia (A Flo	bility Company as it now appear rida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liabil Florida document numberL1200006156	• • •	5/7/2012	and assigned	
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited liability company her	<u>e</u> :		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compa	ny," the designation "I	LC" or the abbreviation	
Enter new principal offices address, if applicable	::			
(Principal office address MUST BE A STREET A	DDRESS)	,		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>			
B. If amending the registered agent and/or r registered agent and/or the new registered office		our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:	Y			
New Registered Office Address:		, FI +1	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street address			
<u> </u>	City	, Florida	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 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:

ŗ.

MGR = Manager MGRM = Managing Member Title **Type of Action** <u>Name</u> **Address** MGR Bajram Dura 12909 E HIGHWAY 25 ☐ Add 🕜 Remove Ocklawaha FL 32179 Dilbere Dura 12909 E HIGHWAY 25 ✓ Add Ocklawaha FL 32179 Remove ☐ Add ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 22 2012 Dated Signature of a member of authorized representative of a member Bajram Dura

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00