## L12000099479

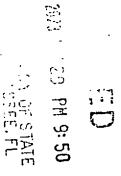
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bocament Namoer)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

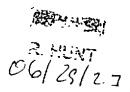




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Division of Corpora		•		7		
SUBJECT: W	OS Holdings, LLC		* ***			
	Name of Limited Liabili	ty Company				
The enclosed Articles of Ame	ndment and fee(s) are submitted for	filing.				
Please return all corresponder	ce concerning this matter to the follower	owing:				
-	William Oliver	Scaife,	IV	<del></del>		
-	WOS Holdin	ngs, LLC		<u></u>	2000 2000 2000 2000 2000 2000 2000 200	
-	166 Lake Winn				29 PM 9: 50	
-	Hawthorne, F	326	40		PH 9:	3
_	Hawthorne, F. City/State Scaife. will@ E-mail address: (to be used to	gmail. co	or notification)	-ATE	50	
For further information conce		or raidic dimidal lept	an indication;			
William Dliver Name of Pers	Scaife, IV at	(904) 2 Area Code I	19 -6563 Daytime Telephone N	umber	_	
Enclosed is a check for the fol	lowing amount:					

Mailing Address:

\$25.00 Filing Fee

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

30.00 Filing Fee & Certificate of Status

Street Address:

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

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

S \$0.00 Filing Fee.

Certificate of Status & Certified Copy (additional copy is enclosed)

## TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company v	vere filed on	01 2012 and assigned
Florida document number <u>L12000099479</u>	•	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil  Dubsmoke BBQ, LLC	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	(Same) 166 Lak	ce Winnott Rd.
(Principal office address MUST BE A STREET ADDRESS)	(same) 166 Lak Hawthor	ne, FL 32640
Enter new mailing address, if applicable:	same	62) 62) 63)
(Mailing address MAY BE A POST OFFICE BOX)		F. C.
D. If any adding the project of the state of		SSS R II
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, <u>e</u>	nter the name of the new registere
		50 FL
		n a A
Name of New Registered Agent: Sa	me - No char	110
	me - No Chai	<del>.j</del> -
Name of New Registered Agent: Sa  New Registered Office Address:	Me – No Char  Enter Florida street a	
	Enter Florida street a	ddress
	Enter Florida street a	

If Changing Registered Agent, Signature of New Registered Agent

## or removed from our records:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□ Add
			Remove
			Change  Change  Remove
			☐ Change
			\ \_Add
			□Remove
		<del> </del>	□Change
			□Add
		<del> </del>	□Remove
			□Change
		<del></del>	□Add
			□ Remove
			□Change

mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
No other amendments. Only the name change from
WOS Holdings, LLC to Dybsmoke BBQ, LLC.
Please call me with any questions or updates.
(904) 219-6563
Thank you,
William Scaife, Managing Memb
1. The state of th
SSO P
ctive date, if other than the date of filing: 06/26/2023 (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (optional)  Effective date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a sment's effective date on the Department of State's records.
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of ne 90th day after the record is filed.
d Friday June 23 2023 William Plin Leaf, IV
Signature of a member or authorized representative of a member
William Oliver Scaife, IV Typed or printed name of signee