

L12000115777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

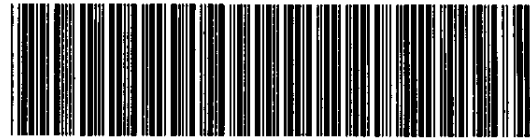
(Business Entity Name)

(Document Number)

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2013 OCT -3 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RL Outagam OCT -4 2013

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
2013 OCT -3 PM 1: 04
SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

BARN YARD FAMILY RESTAURANT 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 09/10/2012 and assigned
Florida document number L12000115777.

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 the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

487 SW CROWN HILL CT

FORT WHITE FL 32038

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

487 SW CROWN HILL CT

FORT WHITE, FL 32038

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

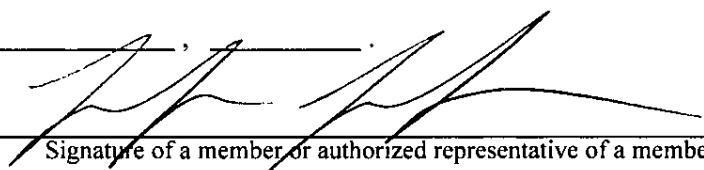
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>JOHN S STRICKLAND</u>	<u>487 SW CROWN POINT CT</u>	<input checked="" type="checkbox"/> Add
		<u>FORT WHITE, FL 32038</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>CHARLES JACOBS SR</u>	<u>22203 SW 198TH AVE</u>	<input type="checkbox"/> Add
		<u>HIGH SPRINGS, FL 32643</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>FREDERICK JACOBS</u>	<u>22203 NW 198TH AVE</u>	<input type="checkbox"/> Add
		<u>HIGH SPRINGS, FL 32643</u>	<input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>LINDA JACOBS</u>	<u>22203 NW 198TH AVE</u>	<input type="checkbox"/> Add
		<u>HIGH SPRINGS, FL 32643</u>	<input checked="" 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.)*

Dated _____


Signature of a member or authorized representative of a member

FREDRICK JACOBS

Typed or printed name of signee

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