

L13 000011688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

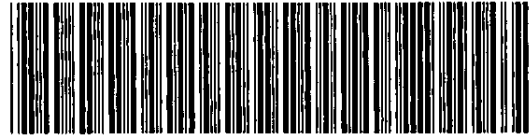
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600249470246

07/12/13--01017--002 **55.00

2013 JUL 12 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JUL 15 2013

T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **DYER BAR-B-Q, 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:

Wanda Dyer

Name of Person

DYER BAR-B-Q, LLC

Firm/Company

PO Box 3957

Address

Hollywood, FL 33083

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wanda Dyer

Name of Person

at (**786**) **286-6327**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$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)

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

2013 JUL 12 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

DYER BAR-B-Q, LLC

Page 1 of 3

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>
MGRM	Russell Dyer	3331 NW 177TH TER	<input type="checkbox"/> Add
		MIAMI GARDENS, FL 33056	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2013 JUN 12 PM 1:12

FILED

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

Dated June 17, 2013.



Signature of a member or authorized representative of a member

Elaine Williams

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 JUL 12 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA