

(((H15000037351 3)))

**L13000079403**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : MARKO & MAGOLNICK, P.A.  
Account Number : I20050000186  
Phone : (305) 285-2000  
Fax Number : (305) 285-5555

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: sandi@mmblaw.com

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CAROLINA BBQ MOBILE KITCHEN, LLC**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

2015 FEB 12 AM 10:06  
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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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FEB 13 2015  
J. HARRIS

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

(((H15000037351 3)))

Carolina BBQ Mobile Kitchen, 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 May 31, 2013 and assigned  
Florida document number L13000079403.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Carolina BBQ Marketing, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**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 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

(((H15000037351 3)))

- 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>	<u>Address</u>	<u>Type of Action</u>
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (((H15000037351 3)))

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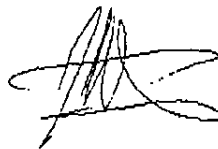
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E. Effective date, if other than the date of filing: February 12, 2015 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 12, 2015



Signature of a member or authorized representative of a member

Jonathan Vilma

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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