

L13000141634

(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:

\* Denise gave permission  
to correct name as  
vp.  
*[Signature]*

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13 NOV 18 PM 4:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend/NC*

*[Signature]*  
11/19/13

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Bob's Bar B Q Pit, 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:

**Denise Newton**

Name of Person

Firm/Company

**8556 Shuter Court**

Address

**Jacksonville, Florida 32220**

City/State and Zip Code

**bobsfamoussbbq@gmail.com**

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

For further information concerning this matter, please call:

**Denise Turner**

Name of Person

at ( **904** ) **588-5391**

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

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

FILED

13 NOV 18 PM 4:42

Bob's Bar B Q Pit, LLC

(Name of the Limited Liability Company as it now appears on our records,  
(A Florida Limited Liability Company))

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/08/2013 and assigned  
Florida document number L13000141634.

This amendment is submitted to amend the following:

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

**BOB's Famous Bar-B-Q Pit & Catering, 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)**

**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: Denise Turner

New Registered Office Address: 8556 Shuter Court

*Enter Florida street address*

Jacksonville, Florida 32220

*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.*

*Denise Turner*  
**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>
VP	Denise Newton	8556 Shuter Ct.	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		Jacksonville, FL 32220	
VP	Denise Turner	8556 Shuter Ct.	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Jacksonville, FL 32220	
			<input type="checkbox"/> Add
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SECRET  
NOV 18 1942  
FBI

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated November 12, 2013

*Dentise Turner*  
Signature of a member or authorized representative of a member

Dentise Turner  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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13 NOV 18 PM 4:42  
SECRETARY OF STATE  
TALBOT COUNTY, MD