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K. SALY EXAMINER SEP 18 2014

## **COVER LETTER**

TO: Registration So Division of Co			
SUBJECT: MR [	D'S		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dennis R Pa	amplin	
		Name of Person	
		Firm/Company	
	9036 Dupon	Address  It PI, Wellington	Florida
		City/State and Zip Code	
	pamplindennis@y		
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notifi all:	cation)
Dennis R.F	Pamplin	at (561   46548   Daytime	17
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
MALI	INC ADDRESS.	STDEET/COUDIN	ED ANNDESS.

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

2014 SEP 15 PM 3: 13

TALLAHASSEE, FI ORIDA

MR D'S 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 L	iability Company were filed on 02/14/2014	and assigned
Florida document number 114000026183	•	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
"HOLY" SMOKEHOUSE BBQ &	JERK "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 applic	eable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
		•
		·
Enter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		·
(Mailing address MAY BE A POST OFFICE	<u></u>	
	or registered office address on our records.	, enter the name of the ne
registered agent and/or the new registered of	mce address nere:	
	11/1 ·	
Name of New Registered Agent:	<i>N//</i> t	
New Registered Office Address:	/	
	Enter Florida street address	
	Flo	rida
	City	rida Zip Code
New Registered Agent's Signature, if changing	Registered Agent:	
	<del>-</del>	AL
, , , , , , , , , , , , , , , , , , , ,	ed agent and agree to act in this capacity. I fur her and complete performance of my duties, an	

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

If amending t	he Managers or Authorized Member	on our records, en	ter the title, name, and address of each Manager or
	ember being added or removed from	our records:	FILED
MGR = Mai AMBR = Aut	nager Horized Member		
			2814 SEP 15 PM 3: 13
<u>Title</u>	<u>Name</u>	<u>Address</u>	SLORE LARY OF STATE TALLAHASSEE, FLORIED
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The effect the date t	ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
The effect	ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00