414000195792

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone ·	e #)
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SECRETARY OF STATE

APR 2 0 2014

C. CARROTHERS

COVER LETTER

TO: Registration Se Division of Cor			
	eZoneUSA LLC		
	Name of Lim	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:	
	Walter D Sadorge		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	BarbecueZoneUSA	LLC	
		Firm/Company	
	4800 NE 4TH AVE		
		Address	
	MIAMI Florida 3313	7	
٠.		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	., walter.sadorge@gma	5) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•• ;
	E-mail address: (to be used for future annual report notific	cation)
For further information of	oncerning this matter, please ca	all:	
walter sadorge		305 8429628	
	f Person	at ()	Telephone Number
Name o	i Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

BarbecuezoneuSA LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability L14000195792 Florida document number	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
WALDAV Group LLC		2015 1341
The new name must be distinguishable and end with the words "L	imited Liability Company," the designation "LLC" or the al	breviation 'EL.C."
Enter new principal offices address, if applicable:		PR -2
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		PH 3: 11 F STATE FLORIDA
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regiregistered agent and/or the new registered office ade		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida street address	
<u></u>	, 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

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 = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
		 	
			□ Add
			□ Remove
		 	
			
			☐ Remove
			□ Add
			□ Remove
			□ Add
			☐ Remove
	v /v		
			□ Remove

If amending any other informa	ation, enter change(s) here: (Altach additional sheets, if necessary.)
	
Effective date, if other than the The effective date must be specific, can the date this document is filed by the F	e date of filing: (optional) not be prior to date of receipt or filed date and cannot be more than 90 days after lorida Department of State)
March 29 Dated	2015
Dates	
Maltan D. Oadanna	Signature of a member or authorized representative of a member
Walter D Sadorge	
	Typed or printed name of signee

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Filing Fee: \$25.00