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From:

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Account Number : I20000000206

Phone Fax Number : (904)357-3660 : (904)357-3661

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE BUTT HUTT SMOKEHOUSE, LLC

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## **COVER LETTER**

The Butt	Hutt Smokehouse, LLC	;	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	endence concerning this matter	to the following:	
	G. Alan Howard		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	Milam Howard Nicar	ndri Dees & Gillam, P.A.	
	<del>, ,,, , , , , , , , , , , , , , , , , </del>	Firm/Company	<del></del>
	14 E. Bay Street		
		Address	
ŕ	Jacksonville/FL 322	202	
		City/State and Zip Code	
	ahoward@milamhow		
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
G. Alan Howard		904 357-3660	
Name o	of Person		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)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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

The Butt Hutt Smokehouse, LLC

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

The Articles of Organization for this Limited Liabili Florida document number L15000000009	ity Company were filed on 12/31/2014	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the words	s "Limited Liability Company," the designation "LLC"	or the abbreviation "L.I.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
· -	, Flori	ida
	City	Zıp 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 = Manager AMBR = Authorized Member Title Name <u>Address</u> Type of Action MGR Miles O'Kelly 2544 Phyllis Street ■ Add Jacksonville, FL 32204 \_□ Remove MGR Jacob Bander 2544 Phyllis Street ■ Add Jacksonville, FL 32204 \_□ Remove \_\_\_\_\_ Add \_□ Remove \_D Add \_\_\_\_ Remove \_\_ 🗀 Add \_ 🗆 Remove \_□ Add ☐ Remove

). If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-	
-	
-	
. Effect	ive date, if other than the date of filing:(optional)
the dat	ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Fronida Department of State)
D-1-1	January 28 //// 2015
Dated	<del></del>
	1 / Ph. H
	Signature of a member or authorized representative of a member
	G. Alan Howard, Authorized Representative
	Typed or printed name of signee

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Filing Fee: \$25.00