

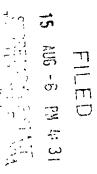
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| Special Instructions to | Filing Officer;    |                  |
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## **COVER LETTER**

|              | gistration Sec<br>vision of Cor |  |   |                  |                 |   |
|--------------|---------------------------------|--|---|------------------|-----------------|---|
| SUBJECT.     | DADDY'S                         |  |   |                  |                 |   |
| SUBJECT:     |                                 | Name of Limi                                 | ited Liability Company  |                  |                 |   |
| The enclose  | ed Articles of                  | Amendment and fee(s) are sub-                | mitted for filing.  |                  |                 |   |
| Please retur | n all correspo                  | ndence concerning this matter                | to the following:   |                  |                 |   |
|              |                                 | Michael Manning, Esq. (Fl                    | BN: 0668516)  |                  |                 |   |
|              | ••                              |  | Name of Person  |                  | •               |   |
|              |                                 | The Law Office of Michae                     | l Manning, PLLC   |                  |                 |   |
|              |                                 |  | Firm/Company  |                  |                 |   |
|              |                                 | 160 International Parkway                    | , Suite 250   |                  | 특성 <b>5</b>     |   |
|              | **                              |  | Address   |                  | 一点              | 7 |
|              |                                 | Heathrow, FL 32746                           |   |                  | 6 do            |   |
|              |                                 |  | City/State and Zip Code   |                  | 700 7           | C |
|              |                                 |  | chaelmanningPA@gmail.com  |                  | 35 €<br>55 ω    |   |
|              |                                 | E-mail address: (                            | to be used for future annual report notifi                          | ication)         | 7m 2            |   |
| For further  | information c                   | oncerning this matter, please co             | all:  |                  |                 |   |
| Melba L U    | Insworth                        |  | 941 737-1149<br>at ()   |                  |                 |   |
|              | Name o                          | f Person                                     | Area Code Daytime   | Telephone Number | <b>r</b>        |   |
| Enclosed is  | s a check for the               | he following amount:                         |   |                  |                 |   |
| \$25.00      | Filing Fee                      | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified        | ite of Status & |   |
|              | Registi                         | ING ADDRESS: ration Section                  | STREET/COURI<br>Registration Section<br>Division of Corpora         | n                |                 |   |

Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|   | DY'S BBQ LLC  |                             |
|---|---|-----------------------------|
| (Name of the Limited Liability<br>(A Florida Li   | Company as it now appears on our records.) mited Liability Company) |                             |
| The Articles of Organization for this Limited Liability Conforda document number L15000053465   | npany were filed on March 25, 2015                                  | and assigned                |
| This amendment is submitted to amend the following:   |   |                             |
| A. If amending name, <u>enter the new name of the limite</u>  | d liability company here:   |                             |
| he new name must be distinguishable and contain the words "Limited  | d Liability Company," the designation "LLC" or                      | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |   | ने द ज                      |
| Principal office address MUST BE A STREET ADDRE.  | (2.2  | A TE                        |
| Enter new mailing address, if applicable:   |   | 是 日                         |
| Mailing address MAY BE A POST OFFICE BOX)   |   | <u> </u>                    |
| B. If amending the registered agent and/or register egistered agent and/or the new registered office addressing Name of New Registered Agent: | red office address on our records, <u>e</u><br>s <u>s here</u> :    | enter the name of the       |
| New Registered Office Address:  |   | 1                           |
| New Registered Office Address.  | Enter Florida street address  |                             |
| ···   | , Floric  |                             |
| •   | 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>       | Address                 | Type of Action |
|--------------|-------------------|-------------------------|----------------|
| AMBR         | MELBA L UNSWORTH  | 4507 4th AVENUE. NE     | Add            |
|              |                   | BRADENTON, FL. 34208    | Remove         |
|              |                   |                         | Change         |
| MGR          | AARON SELLERS     | 12810 HAWK HILL DRIVE   |                |
|              |                   | THONOTOSASSA, FL. 33592 | ■ Remove       |
|              |                   |                         | ☐ Change       |
| MGR          | CHARLES W SELLERS | 1044 DONNA DRIVE        | Add            |
|              | ,                 | MOORE HAVEN, FL. 33471  | ■ Remove       |
|              |                   |                         | Change         |
|              |                   |                         | □ Add □        |
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| TO REFLECT THAT SHE   | IS THE SOLE AUTHORIZI         | ED MEMBER (AM          | BR) OF DADDY'S BI       | 3Q LLC.                               |          |
|---|-------------------------------|------------------------|-------------------------|---------------------------------------|----------|
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| ective date, if other than th   | e date of filing:             | ecr.                   | (optiona                |                                       | ب<br>د م |
| n effective date is listed, the date mute: If the date inserted in this b | plock does not meet the appli | icable statutory filin | g requirements, this da | te will not be list                   | ted      |
| cument's effective date on the I  | Department of State's record  | S.                     |                         | 3 3                                   | į        |
| record specifies a delaye   | nd effective date, but n      | ot an offective t      | ime at 12:01 a m        | on the earli                          | i۵r      |
| The 90th day after the re   | cord is filed.                | ot an enective t       | mic, at 12.01 um        | i. organic capin                      | Ci       |
| August 5,   | , 2015                        | ·                      |                         |                                       |          |
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| 11 uc   | un 7-11/10                    | horized representative | - C                     |                                       |          |

Page 3 of 3

Filing Fee: \$25.00

# Electronic Articles of Organization For Florida Limited Liability Company

L15000053465 FILED 8:00 AM March 25, 2015 Sec. Of State kasaly

## **Article I**

The name of the Limited Liability Company is: DADDY'S BBQ LLC

#### Article II

The street address of the principal office of the Limited Liability Company is:

4507 4TH AVENUE. NE BRADENTON, FL. 34208

The mailing address of the Limited Liability Company is:

4507 4TH AVENUE. NE BRADENTON, FL. 34208

### **Article III**

Other provisions, if any:

THE MANUFACTURE AND SALE OF OUR DADDY'S BBQ SAUCE: THE MANAGERS AND/OR MEMBERS HAVE AGREED TO KEEP THIS ORIGINAL FAMILY RECIPE CONFIDENTIAL AND A TRADE SECRET AND TO NOT SELL OR ASSIGN ITS RIGHTS TO ANY OTHER ENTITY OR PERSONS NOT LISTED.

### **Article IV**

The name and Florida street address of the registered agent is:

MELBA L UNSWORTH 4507 4TH AVENUE. NE BRADENTON, FL. 34208

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: MELBA L. UNSWORTH

### Article V

. The name and address of person(s) authorized to manage LLC:

Title: MGR MELBA L UNSWORTH 4507 4TH AVENUE. NE BRADENTON, FL. 34208

Title: MGR AARON SELLERS 12810 HAWK HILL DRIVE THONOTOSASSA, FL. 33592

Title: MGR CHARLES W SELLER 1044 DONNA DRIVE MOORE HAVEN, FL. 33471

## Article VI

The effective date for this Limited Liability Company shall be:

03/25/2015

Signature of member or an authorized representative

Electronic Signature: MELBA L. UNSWORTH

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

L15000053465 FILED 8:00 AM March 25, 2015 Sec. Of State kasaly