# 115 000120570

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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## **COVER LETTER**

Division of Corporations
SUBJECT: Heavenly Wings & Rib House 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:
Ericka Caro Name of Person Di Salvo And Company Pt
1945 20th Street  Vero Beach, F2 32960
City/State and Zip Code  Flannual Versor + Section Salvocpa. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ericka Caro  Name of Person  at (772) 770 - 6008  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status} \Bigcup \text{\$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \Bigcup \text{\$25.00 Filing Fee & Certified Copy (additional copy is enclosed)}

#### MAILING ADDRESS:

TO:

Registration Section

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 16, 2019

ERICKA CARO 1945 20 ST VERO BEACH, FL 32960

SUBJECT: HEAVENLY WINGS & RIB HOUSE LLC

Ref. Number: L15000120570

We have received your document for HEAVENLY WINGS & RIB HOUSE LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

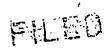
Letter Number: 019A00009918

Corrected Place Smokey's

red form;

www.sunbiz.org

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



Heavenly Wings	& Rib House 1818 May 2800 45 15
	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C	ampany wars filed as 7   15   5
Florida document number <u>L15000120570</u>	ompany were filed on 1 1 1 1 and assigned
· · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the following:	†
A. If amending name, enter the new name of the limi	
Smokey's Plac	e LLC
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	_sane_
(Principal office address MUST BE A STREET ADDR	(ESS)
Endan norm malling addition of the 12-13	Same
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regist	ered office address on our records, enter the name of the new
registered agent and/or the new registered office addr	ess here:
Name of New Registered Agent:	Same
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered	

#### <u>N</u>

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

			ļ
If amending or removed f	Authorized Person(s) authorized to mai rom our records:	nage, enter the title, name, and address of ea	ch person being added
MGR = Ma AMBR = Au	mager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Guadagno Michael	1430 Noth Street	
		1430 Noth Street Vero Beach, Fz 329	<u>LO</u> ‡XRemove
			Change
			Add
			Remove
			Change
<del></del>			Add
			Remove
			Change
			Remove
			Change
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			Remove
			Change
			Add
			□ Remove
			Change

-	
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•	
•	
Note:	tive date, if other than the date of filing:
ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier a 90th day after the record is filed.
Dated	5,1, 2019

Page 3 of 3

Filing Fee: \$25.00