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## **COVER LETTER**

ART'S SMO	KEHOUSE BBQ LLC			
	Name of Lim	ited Liability Company	<del></del>	
Articles of	Amendment and fee(s) are sub	mitted for filing.		
all correspor	ndence concerning this matter	to the following:		
	MARILYN J. HOLMES			
	***************************************	Name of Person		
	ART'S SMOKEHOUSE B	BQ		
		Firm/Company		
	979 COUNTS CREST CIE	RCLE		
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	APOPKA, FL 32712		三 三 三	1
		City/State and Zip Code	100 100 100 100 100 100 100 100 100 100	150
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. HOLMES		407 703-3593	<i>7</i> *	
Name of	Person		Telephone Number	
check for th	e following amount:			
		TI \$55.00 Filing Fee &	🗂 \$60.00 Filing Fee	
ing ree	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
	formation co	Articles of Amendment and fee(s) are sub- all correspondence concerning this matter  MARILYN J. HOLMES  ART'S SMOKEHOUSE B  979 COUNTS CREST CH  APOPKA, FL 32712  ARTS1BBQ@GMAIL.CO  E-mail address: ( formation concerning this matter, please check for the following amount: ling Fee  \$30.00 Filing Fee &	Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  MARILYN J. HOLMES  Name of Person  ART'S SMOKEHOUSE BBQ  Firm/Company  979 COUNTS CREST CIRCLE  Address  APOPKA, FL 32712  City/State and Zip Code  ARTS1BBQ@GMAIL.COM  E-mail address: (to be used for future annual report notification concerning this matter, please call:  HOLMES  Name of Person  Area Code  Daytime  check for the following amount:  ling Fee  \$30.00 Filing Fee & Certificate of Status  Certificate Of Status  Certified Copy	Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  MARILYN J. HOLMES  Name of Person  ART'S SMOKEHOUSE BBQ  Firm/Company  979 COUNTS CREST CIRCLE  Address  APOPKA, FL 32712  City/State and Zip Code  ARTS1BBQ@GMAIL.COM  E-mail address: (to be used for future annual report notification)  formation concerning this matter, please call:  HOLMES  Name of Person  Area Code  Daytime Telephone Number  check for the following amount:  ling Fee  \$30.00 Filing Fee & Certificate of Status  Certificate of Status & Certified Copy  (additional copy) is enclosed)  Certificate Copy  Certificate Of Status & Certified Copy  Certificate Of Status & Certified Copy  Certificate Copy Status & Certified Copy Status & Ce

MAILING ADDRESS: Registration Section

TO:

**Registration Section** 

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ART'S SMOKEHOUSE BBO LLC

(Name of the Limi	ted Liability Company as it now appears on our records (A Florida Limited Liability Company)	.)
The Articles of Organization for this Limited L Florida document number L15000136012	iability Company were filed on 10 AUGUST 2015	and assigned
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name o	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	国岛里
Principal office address MUST BE A STREI	ET ADDRESS)	10 10 Mg
Enter new mailing address, if applicable:		9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
Mailing address MAY BE A POST OFFICE	BOX)	
3. If amending the registered agent and registered agent and/or the new registered o	or registered office address on our records, ffice address here:	enter the name of the
Name of New Registered Agent:	Marilyn J. Holmes	
New Registered Office Address:	979 Counts Crest C Enter Florida street address	ircle
	M ,	rida 327/2

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If mending 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>	<u>Address</u>	Type of Action
AP	JARVON L.HOLMES	979 COUNTS CREST CIRCLE	□ Add
		APOPKA, FL 32712	Remove
			☐ Change
AMBR	MARILYN J. HOLMES	979 COUNTS CREST CIRCLE	□ Add
		APOPKA, FL 32712	Remove
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Typed or printed name of signee

Filing Fee: \$25.00