L16000170380

(F	Requestor's Name)
,	,
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((City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
(1	Susmess Entity Name,
([Document Number)
Certified Copies	Certificates of Status
Special Instructions t	to Filing Officer:

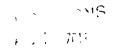
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* COVER LETTER

Me Hungr SUBJECT:	y LLC		
3009CCT.	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:	
	Raymond Ramsay		
		Name of Person	
	MeHungry LLC		
		Firm/Company	-
	105 North State Rd 7		
	<u></u>	Address	
	Plantation FL 33317		
		City/State and Zip Code	
	bammysrestaurant.com		
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	concerning this matter, please co	all:	
Raymond Ramsay		954 773-1955	
Name o	of Person	at () Area Code Daytime	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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed
MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

TO:

Registration Section

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Me Hungry LLC						
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	iny as it now appears or Liability Company)	n our records.)	_		
The Articles of Organization for this Limited Liab	pility Company	were filed on 04/08	/2018 and	assigned		
florida document number L16000170380	,					
This amendment is submitted to amend the follow	ring:					
A. If amending name, enter the new name of t	he limited liab	ility company here:	1			
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the desig	nation "LLC" or the approviation	"L.[<u>.</u> C."		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		105 North State R	Rd 7	5 (Ti		
		Plantation FL 333				
				00 - - -		
Enter new mailing address, if applicable:		13862 SW 41st Street				
(Mailing address MAY BE A POST OFFICE BOX)		Davie FL 33330				
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		<u>e</u> :	ur records, <u>enter the nar</u>	ne of the		
	105 North Sta	to Pd 7	***			
New Registered Office Address:	105 North State Rd 7 Enter Florida street address					
	Plantation		, Florida ³³³¹⁷			
		City	, riorida Zio Ce			

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 **Address** Title: <u>Name</u> MGR Merna Ramsay 13862 SW 41 Street Davie FL 33330 Remove □ Change 6155 SW 192nd Ave MGR Nedeeka Dawes ■ Add Pembroke Pines FL 33332 □ Remove _□ Change MGR Jermaine Ramsay 13862 SW 41st Street 🗎 Add Davie FL 33330 □ Remove □ Change MGR Kahilah Whyte 13785 SW 40th Street □ Add Davie FL 33330 ■ Remove _□ Change KELLON JONES 13785 SW 40th Street MGR \square Add Davie FL 33330 ■ Remove ☐ Change VALRIE RAMSAY-FRANCIS 6661 Meade Street MGR □ Add Hollywood FL 33024 ■ Remove

☐ Change

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Tective date, if other than the an effective date is listed, the date mus ote: If the date inserted in this blocument's effective date on the December 1.	t be specific and ock does not n	l cannot be prior neet the applie:	able statutory	g or more than ^c filing require	(optio 0 days after ments, this	tiling.) Pur	suant to 605,020 not be listed :
e record specifies a delayed The 90th day after the rec		late, but no	t an effect	ive time, at	:12:01 a	.m. on l	the earlier
08/09/18 med	·	12:01am	<u></u> .				
	0		rival range and		h		
	Signature of a r	nember or mann	mzed represen	tative of a men	IDC1		

Page 3 of 3

Filing Fee: \$25.00