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COVER LETTER

Division of Corporations
SUBJECT: Memphis JAX BBQ 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:
Kathryn Alexander Name of Person
Memphis JAX BBQ Firm/Company
10870 US-1 Ponte Vedra, FL 3208 L
Porte Vedra FL 3208
Memphis jax bbg @ amail. com E-mail address: (to be used for future annual apport notification)
For further information concerning this matter, please call:
Kathryn Alexander at (124) 766-228 Name of Person Daytime Telephone Number
Enclosed is a check for the 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, Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Memphis	JAX	BBQ.	LLC			
(Name of the Limited L (A F	iability Compar Iorida Limited L	ny as it now appear liability Company)	s on our records.)			
The Articles of Organization for this Limited Liabil		were filed on	Jan 17, 201	ar	nd assi	gned
Florida document number L17 00013416	·					
This amendment is submitted to amend the following	ıg:					
A. If amending name, enter the new name of the	limited liabi	lity company he	<u>re</u> :			
14	A					
The new name must be distinguishable and contain the words	"Limited Liabil	ity Company," the d	esignation "LLC" or	the abbreviat	ion "L.L	C."
Enter new principal offices address, if applicable	: NA					
(Principal office address MUST BE A STREET A	DDRESS)			<u> </u>	2021	
				20	SET	
Enter new mailing address, if applicable:	NA) 7	e Vig
(Mailing address MAY BE A POST OFFICE BOX	,			112.11	P]
(Maining address INAT DE ATOST OFFICE DOA	<u>v</u>				လ်၊	-3-
				7	ပ ပ	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		ddress on our re	ecords, enter the	name of th	<u>ie new</u>	registered
	•					
Name of New Registered Agent:						
New Registered Office Address:		Entra El	ida street address			
		enier r ior	ua sireei aaaress			
_		City	, Floric		Code	
		CHY		7.10	CORE	

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 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>	Name	Address	Type of Action
AMBR	Kyle Alexander	230 Hunters Lake Way Ponte Wedra, FL 32081	_ □Add
		Ponte Wedra, FL 32081	Remove
			_ □Change
			□ Add
			_ □Remove
			_ □Change
			လ လ်
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ective date, if other than the date effective date is listed, the date must be te: If the date inserted in this block nument's effective date on the Department.	specific and cannot be does not meet the ap	pplicable statutory f	(option or more than 90 days after filing requirements, this	filing.) Pursuant t	o 605.020 e listed a:
cord specifies a delayed effective da s filed.	te, but not an effecti	ive time, at 12:01 a.	m. on the earlier of: (b) The 90th day	after the
cd 9: 15.2020					
- Kathry	nature of a member or	authorized representa	tive of a member		
1/11		EXANDER printed name of signe			