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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Divi	istration Se ision of Cor		•	
CIID	JECT:		BBQ, LLC	•	•
SUB	JEC I :			nited Liability Company	
The e	enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Pleas	e return	all correspo	ndence concerning this matter	to the following:	
			Daniel Cosenzi, Manager		
				Name of Person	
			Back Beach BBQ, LLC		
				Firm/Company	
			95 Kinley Avenue		
				Address	
			Santa Rosa Beach, FL 324	159	
			<u> </u>	City/State and Zip Code	
			dcosenzi@gmail.com		10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
			E-mail address: (to be used for future annual report notifi	cation)
For fi	urther in	formation co	oncerning this matter, please c	all:	
Dani	el Coser	nzi, Managei	·	404 324-2795 at ()	
		Name of	Person	Area Code Daytime	Telephone Number
Enclo	osed is a	check for th	e following amount:		
■ \$	25.00 Fi	iling 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)

MAILING ADDRESS:

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Back Beach BBQ, LLC (Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Ciability Company)				
02/02/2017			and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abb	previation "L.L.C	5."		
Enter new principal offices address, if applicable:	19714 Panama City Beach Parkway	17			
(Principal office address MUST BE A STREET ADDRESS)	Panama City Beach, FL 32413	HAR 2			
Enter new mailing address, if applicable:		7	24E 24E 24E 24E 24E 24E 24E 24E 24E 24E		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>			
B. If amending the registered agent and/or registered of		the name of	the n		
registered agent and/or the new registered office address here Name of New Registered Agent:	<u>e</u> :				
Name of New Registered Agent:	<u>e</u> :	·	- 		
	Enter Florida street address				
		Zip Code			

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
MBR	Kevin & Susan Engle, LLC	403 West Water Street Box 611071	
		Rosemary Beach, FL 32461	■ Remove
			☐ Change
MBR	Kevin Engle	403 West Water Street Box 611071	Add
		Rosemary Beach, FL 32461	□ Remove
			Change
MBR	Susan Engle	403 West Water Street Box 611071	Add
		Rosemary Beach, FL 32461	Remove
		•	☐ Change
			□ Remove
			Change
			□ Add
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			Change Property of State Control of the Control of
			□ Remove
			Change

EIN # 81-5233046						
						
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ective date, if other than the effective date is listed, the date in this ument's effective date on the	block does not m Department of St ed effective di	eet the applicab tate's records.	le statutory filing	requirements, th	his date will no	ot be listed
	ecord is filed.					
he 90th day after the re	ecord is filed.	2017	\wedge	√		
ne 90th day after the re	,	2017	21 2			17
ne 90th day after the re	,	k	A Lied representative of	f a member		17 MAR
he 90th day after the re	Signature of a m	k	A L. red representative of	f a member		17 MAR 27
ed	Signature of a m	k		f a member		17 MAR 27 AH ID:

Filing Fee: \$25.00