

L17000046127

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**WALK IN**

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1. **MISSION BBQ ORLANDO- OAK RIDGE, FL LLC**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MISSION BBQ Orlando Oak Ridge, FL 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:

Beth Graves  
Name of Person

Property Consulting & Solutions, Inc  
Firm/Company

5005 West Laurel Street, Suite 215  
Address

Tampa, FL 33607  
City/State and Zip Code

bgraves@propertyconsultingsolutions, Inc  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Beth Graves at ( 727 ) 726-0700  
Name of Person Area Code 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, 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  
TO  
ARTICLES OF ORGANIZATION  
OF

Mission BBQ Orlando Oak Ridge, FL LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2.27.17 and assigned Florida document number L17000046127.

This amendment is submitted to amend the following:

A. If amending name, enter the new name 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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Property Consulting & Solutions, Inc  
5005 West Laurel Street, Suite 215  
Enter Florida street address

Tampa City, Florida 33607 Zip Code

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.

[Signature]  
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>   | <u>Address</u>                 | <u>Type of Action</u>           |
|--------------|---------------|--------------------------------|---------------------------------|
| MGR          | William Leahy | 821 SW 11 <sup>th</sup> Street | <input type="checkbox"/> Add    |
|              |               | Ft Lauderdale, FL 33315        | <input type="checkbox"/> Remove |
|              |               |                                | <input type="checkbox"/> Change |
|              |               |                                | <input type="checkbox"/> Add    |
|              |               |                                | <input type="checkbox"/> Remove |
|              |               |                                | <input type="checkbox"/> Change |
|              |               |                                | <input type="checkbox"/> Add    |
|              |               |                                | <input type="checkbox"/> Remove |
|              |               |                                | <input type="checkbox"/> Change |
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|              |               |                                | <input type="checkbox"/> Change |

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 12.1, 2017

Signature of a member or authorized representative of a member

Karen Bremer  
Typed or printed name of signee