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_	MISSION BBQ ORLANDO-COLONIAL, FL LLC	
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CIAL	L INSTRUCTIONS:	

## COVER LETTER

TO: Registration S  Division of Co			
SUBJECT: MIS	SION BBQ OrlA Name of Lim	ando - Colonial , A lited Liability Company	LUC
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing,	
Please return all corresp	ondence concerning this matter	to the following:	•
		Name of Person  Sonsulting & Solut  Firm/Company  + Laurel Street  Address	
For further information	Dennes Dennil address of the concerning this matter, please c	33607  City/State and Zip Code  Droser for Consulting to be used for further annual report not all:	ve Solutions, Inc
Soft Gran	wes of Person	at ( <u>727</u> ) <u>726-</u> Area Code Daytin	0700 ne Telephone Number
Enclosed is a check for \$25.00 Filing Fee		S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 lassee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FJ. 32	on rations enter Circle

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MISSION BOO OV	Jardo Company Hability Company Florida Limited Lia	as it now antieurs un t	UC our records.)	<u></u>
The Articles of Organization for this Limited Liabi		vere filed on	2.17	and assigned
Florida document number <u>L17000 2032</u>	<u>60</u> .			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of th	e limited liabili	ty company here:		
The new name must be distinguishable and contain the word	s "Limited Liability	y Company," the designa	ntion "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:			一年 品一
(Principal office address MUST BE A STREET)	(DDRESS)			200
Enter new mailing address, if applicable:				Page 1
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>			<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:  New Registered Office Address:	e address here:	ty Consul- West Lau Enter Florida st	ting & Sol rel Stree	lutions Ive +, Suite 215
-	-mpA	City	, riorida _	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.

New Registered Agent's Signature, if changing Registered Agent:

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 **Title** Type of Action Name <u>Address</u> 821 Sw 11th Street Add

F1 Lawderdale, FL 33315 Remove MGR William Leany ☐ Change □ Add \_□ Remove O Chambe □ Add \_□ Remove \_□ Change \_□ Add □ Remove ☐ Change \_□ Add ☐ Remove

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Note:	tive date, if other the ffective date is listed, the If the date inserted in ment's effective date of	n this block does	not meet the app	olicable statutory i	or more than 90 days a filing requirements,	otional) fler filing.) Pursuant to 605.0207 this date will not be listed as
	ecord specifies a c e 90th day after t			not an effectiv	/e time, at 12:0:	1 a.m. on the earlier of
Dated	/2./		. 201	7		
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