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## **'COVER LETTER**

TO: Registration Se Division of Co			
subject: <u>3 B/</u>	iCKS BBQ and Name of Limi	GY II LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Jennifer M.	Smi4h Name of Person	<del></del>
	3 Bricks B	BO and Grill, I	LC
	505 Morga	n Wood Drive	<del></del>
	Deland, Fl.	32724 City/State and Zin Code	
		and 211 COM To be used for future annual report notif	ication)
For further information of	concerning this matter, please ca		
Jinnifer Name	Smi +W	at (386) 916-C Area Code Daytime	CTelephone 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)

MAILING ADDRESS:

TO:

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

_3 Bricks BB() a	nd (gril)	- manufit \	
(A Flo	ability Company as it now appears on ou orida Limited Liability Company)	recorus.	
The Articles of Organization for this Limited Liabili	ty Company were filed on 10 21	p 2017 and assigned	
Florida document number <u>L170002722</u>	<u>36</u> .		
This amendment is submitted to amend the following	g:		
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	on "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:		<del></del>	
(Principal office address MUST BE A STREET AL	DDRESS)		<del>.</del>
		17	<u>∑</u> ;;
		NON	この表
Enter new mailing address, if applicable:		2	
(Mailing address MAY BE A POST OFFICE BOX	Q		
			_≍:( 
		F2 :	ا تراث
B. If amending the registered agent and/or registered agent and/or the new registered office:		records, enter the name of the	ñew (
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stre	et address	_
		, Florida	
	City	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.

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
MGR	Robert M. Smith	505 Morgan Wood Dr Deland, Fl. 32724	. □ Add
		Deland, F1. 32724	<b>W</b> Remove
			Change
MGR	Jennifer M. Smith	505 Morgan Word Dr Deland, Fl. 32724	d Add
		Deland, Fl. 32724	□ Remove
			Change
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te: If the date inserted cument's effective date	in this block does not	t meet the appli	cable statutory			
record specifies a The 90th day after	delayed effective the record is filed	date, but nod.	ot an effectiv	e time, at 12	:01 a.m. on th	ie earlier (
red Dovent	ur 21	. 2017	<u>-</u> .			
ied <u>† 100 ( 17 ( 1</u>	()m).	. PAR				

Page 3 of 3

Filing Fee: \$25.00