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COVER LETTER

TO: Registration Section of Corp.			
SUBJECT: <u>GRIL</u>	Name of Limi	LS BBQ, LLC ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	nitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	SìOBH.	AN T. BOYD Name of Person	
	TEXTURE	S OF AFRICE U. Firm/Company	S.A LLC
	315 G1	NGER ROAD Address	
	VENICE	FLORIDA City/State and Zip Code Lbooks a gmail o be used for future annual report notif	34 <u>293</u>
	E-mail address: (i	Ubooks a gmad obe used for future annual report notif	ication)
For further information cor	ncerning this matter, please ea		
SioRHAN Name of I	T. BOYD	at (94/) 44/ Area Code Daytime	587 J 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

GRILL ON WHEEKS		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 3/16/2018	and assigned
Florida document number 7003 101 S0537.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liability and Contain the Words" and Contain the words are contained and Contain the words and Contain the words are contained and Contain the words are contained and Contained	ity Company," the designation "L1.C" or the abbrevi	iation "L.L.C."
Enter new principal offices address, if applicable:		B LLR
(Principal office address MUST BE A STREET ADDRESS)		R 20
		SEE T
B.,		# 9: F ST
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ATE PRIDA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
		ip Code
New Registered Agent's Signature, if changing Registered Agent:		

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

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>	Name	Address	Type of Action
HG.R_	BOTO, SIOBHAN P	1607 FIRST ST SW	Add
		RUSICIN, FL	Remove
		<u>33570</u>	☐ Change
HGR	CASTILLO, THOMAS P	1607 FIRST ST SW	Add
		PUSICIN , FL	Remove
		33570	Change
<u>-</u>			🗖 Add
			Remove
			☐ Change
			☐ Remove
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Tective date, if other that an effective date is listed, the dote: If the date inserted in ocument's effective date or	this block does not mee	et the applicable	ate of filing or more that statutory filing requ	(optional) n 90 days after filing.) Prirements, this date wi	ursuant to 605.020 Il not be listed a
record specifies a de The 90th day after th		te, but not ar	effective time,	at 12:01 a.m. on	the earlier o
nted <u>Ala Me</u>	9.RC. H	<u> 2018</u> .			
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Filing Fee: \$25.00