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### **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: King	GS BBO LLC Name of Limi	ited Liability Company	<del>.</del>
The enclosed Articles of A	mendment and fee(s) are subi	mitted for filing.	
Please return all correspon	dence concerning this matter (	to the following:	
	John	Ryan King Name of Person)	,
	Kings	5 BBQ LLC Firm/Company	<u> </u>
	<u>75 Bada</u>	nsedge Ciccic	
	St. Augu	USTINE FINICIA 3- City/State and Zip Code	2095
	6-mail address: (t	933 @ Vaha um o be used for future annual report notice	ication)
For further information con	ncerning this matter, please ca	all:	
Byan King	Person	at ( <u>GD4)</u> <u>GD3 - C</u> Area Code Daytime	532 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

(Name of the Limited Liability (A Florida	Company as it now appears on Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Co Florida document number <u>L18 (xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</u>	mpany were filed on		nd assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the design	nation "LLC" or the abbreviati	ion "I1.	.C."
Enter new principal offices address, if applicable:			_	
(Principal office address MUST BE A STREET ADDRE	<u> </u>		<b>1</b>	<u>V.S.</u>
			<u>_</u>	<u> </u>
			ŧ	GARAN CO
Enter new mailing address, if applicable:				<u> 중요</u> (*
(Mailing address MAY BE A POST OFFICE BOX)			<del>_</del>	<u>&gt;</u> ≥
			<u>n</u>	- 경우 <del>경우</del>
B. If amending the registered agent and/or registered agent and/or the new registered office addresses.		r records, <u>enter the n</u>	ame o	f the nev
Name of New Registered Agent:				<del></del>
New Registered Office Address:				
	Enter Florida s	treet 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>	Name	Address	Type of Action
MBR	Randy Bryan	13952 Devon Lee Dave B Jacksannie Fl 32223	<u>GS†</u> □ Add
		Jacksonnie Fl 32223	Remove
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ective date, if other than a effective date is listed, the date te: If the date inserted in the cument's effective date on the	must be specific a is block does not	nd cannot be prior meet the applic	to date of filing or me able statutory filing		iling.) Pursuant to	
record specifies a dela The 90th day after the	ayed effective record is filed	date, but no i.	t an effective ti	me, at 12:01 a	.m. on the ea	ırlier
edJune		- 2018	<u> </u>			
	Signature of	a member of autho	orized representative	of a member		-
	organitate or a			,		

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Filing Fee: \$25.00