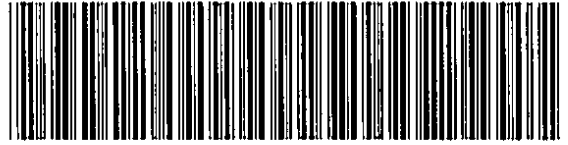


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700329127797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

05/13/19--01045--003 +\$55.00

Special Instructions to Filing Officer:

Office Use Only

2019 MAY 13 PM 3:20

FILED

C. GOLDEN
MAY 23 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ROLLIN SMOKE BBQ 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:

JEREMY R GALLO

Name of Person

Firm/Company

129 PATRICIAN PL

Address

SATSUMA, FL 32189

City/State and Zip Code

JRGallo455@icloud.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEREMY R. GALLO

386 559-9167
at ()
Area Code Daytime Telephone Number

Name of Person

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

FILED

2019 MAY 13 PM 3:21

ROLLIN SMOKE BBQ LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED

The Articles of Organization for this Limited Liability Company were filed on MAY 31, 2018 and assigned
Florida document number L18000135510.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

129 PATRICIAN PL.

(Principal office address MUST BE A STREET ADDRESS)

SATSUMA, FL. 32189

Enter new mailing address, if applicable:

129 PATRICIAN PL.

(Mailing address MAY BE A POST OFFICE BOX)

SATSUMA, FL. 32189

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:

JEREMY R. GALLO

New Registered Office Address:

129 PATRICIAN PL.

Enter Florida street address

SATSUMA

City

Florida 32189

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>	<u>Address</u>	<u>Type of Action</u>
MGR	TERRY J DUNNIGAN SR.	134 FRONTIER DR. SATSUMA, FL. 32189	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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