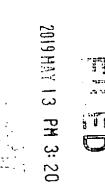
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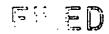


C. GOLDEN MAY 2 3 2019

COVER LETTER -> -

TO:	Registration Se Division of Cor			·
SUBJEC		МОКЕ ВВФ 1.1.С		
SUBJEX	<u></u>	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	etum all correspo	ndence concerning this matter	to the following:	
		JEREMY R GALLO		
			Name of Person	
			FirmCompany	
		129 PATRICIAN PL		
		SATSUMA, FL. 32189	Address	
		Jagailo 455 (City/State and Zip Code Compared to the used for future annual report to) otification)
For furth	ner information c	oncerning this matter, please ca	dl:	
JEREM	Y R. GALLO		386 559-9167	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed	d is a check for th	ne 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)
	Registi Divisio P.O. B	ING ADDRESS: ation Section on of Corporations ox 6327 issee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Cemer Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 MAY 13 PM 3:21

RÖLLIN SMÖKE BBQ LLC			
(Name of the Limited (A	Liability Compa Florida Limited l	nny as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited Liab Florida document number L18000 135540	ility Company	were filed on MAY 31	.2018 and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	<u>ie limited liab</u>	oility company here:	
The new name must be distinguishable and contain the word	Is "Limited Liabi	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	129 PATRICIAN PL.	
(Principal office address MUST BE A STREET ADDRE		SATSUMA, FL. 3218	59
Enter new mailing address, if applicable:		129 PATRICIAN PL.	
(Mailing address MAY BE A POST OFFICE BOX)		SATSUMA, FL. 3218	(
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	• .	<u>.c</u> :	records, enter the name of the n
	129 PATRICIAN PL.		
New Registered Office Address:		Emer Florida str	vet address
	SATSUMA		, Florida 32189
		Cirv	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.

Jemy/Lallo-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 Type of Action <u>Address</u> <u>Ti</u>tle Name. 134 FRONTIER DR. SATSUMA. TERRY J DUNNIGAN SR. MGR FL. 32189 _□ Add Remove ☐ Change □ Add _□ Change _□ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change \square Add ☐ Remove

_ Change

If amending an	y other informat	tion, enter change(s) here: (Attach additional sheets, if necessary.)
		
<u></u>		
	-	
Differentian date i	f athar than tha	date of filing: (optional)
If an effective date in Note: If the date	s listed, the date must inserted in this bl	the specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 ock does not meet the applicable statutory filing requirements, this date will not be listed as epartment of State's records.
he record spec	cifies a delayed	d effective date, but not an effective time, at 12:01 a.m. on the earlier o
	y after the red	
Dated Ma	1 2 40	Signatury of a member of a uthorized representative of a member
1)alca <u>1, (9</u> (
		Ing/ Salo
		Signature of a member or authorized representative of a member
JERE	MY R. GALLO	
		Typed or printed name of signee
		}
		Page 3 of 3

Filing Fee: \$25.00