## <u>118000200303</u>

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## **COVER LETTER**

10. I	Division of Co				
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SUBJEC	1:	Name of Lim	ited Liability Company		
		Amendment and fee(s) are sub	•		
Troube to	an an correspo	sidence concerning has maken	to the following.		
		Davey T. Jay, Esq.			
			Name of Person		
		Mechle & Jay, P.A.			
			Firm/Company		
		1215 E Concord Street			
			Address		
		Orlando, FL 32803			
			City/State and Zip Code		
		E-mail address: (	to be used for future annual report noti	fication)	
For further	er information o	concerning this matter, please o	all:		
Davey T.	Jay, Esq.		407 792-0790 at ()		
	Name o	of Person		ne Telephone Number	
Enclosed	is a check for t	he following amount:			
<b>■ \$</b> 25.0	0 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		Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hot and Greasy Pies LLC

2022 MAR -7 PM 3:54

(Name of the Limited Liability Company as it now appears on pur records) STATE
(A Florida Limited Liability Company) TALLAHASSEE, FL \_\_\_\_ and assigned Florida document number L18000200303 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Walker's Flyin' Bar LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

## 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

, Florida \_

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
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(If an eff Note:	ive date, if of fective date is lis If the date ins tent's effective	ted, the date mu crted in this b	st be specifie : lock does no	and cannot be p it meet the ap	rior to date of I plicable statu	filing or more tha	(option n 90 days after fi irements, this o	nal) ling.) Pursuant to 605.02 date will not be listed a
e recon	d specifies a d led.	elayed effectiv	ve date, but r	iot an effectiv	re time, at 12	01 a.m. on the	earlier of: (b)	The 90th day after th
Dated	February 7			2022	<u> </u>			
		W.	11/2					
	<del></del>		Signature of	a member or a	uthorized repr	sentative of a m	ember	·
		Walker						

Filing Fee: \$25.00