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## **COVER LETTER**

Division of Corpo	orations		
SUBJECT:	d Wieners Ho	ot dogs LLC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing	
		-	10000000000000000000000000000000000000
Please return all correspond	lence concerning this matter	to the following:	(35°5)
	Emily Dever		Med 3
		Name of Person	—————————————————————————————————————
			-,~
	1348 N Railroad Ave		
	· · · · · · · · · · · · · · · · · · ·	Address	<del></del>
	Chipley FL, 32428		
	ekdever@gmail.com	City/State and Zip Code	Angelon Brahman (Angelon Angelon Angel
	E-mail address: (	to be used for future annual report notif	ication)
For further information con	ecerning this matter, please ca	ali:	
Emily Dever		850 630-9660 at ( )	
Name of F	Person		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:

TO: Registration Section

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

# AKTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Wild Wieners Hotdogs LLC

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

	10116
npany were filed on 10/01/2018	ر and assigned
d liability company here:	
Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
<u> </u>	
SS)	
red office address on our records,	enter the name of the
s here:	
Enter Florida street address	
, Flori	da Zip Code
	d liability company here:  I Liability Company," the designation "LLC" of the second o

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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E. Effecti	ve date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docum	ent's effective date on the Department of State's records.
If the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
	90th day after the record is filed.
	7/22/10
Dated	7/22/19
•	
	Tolley and the second of the s
	Signature of a member or authorized representative of a member
	<u>tmily Devel</u>
	Typed or printed name of signee

D. It amending any other information, enter change(s) here: (Miden daditional sneets, if necessary,)

Page 3 of 3

Filing Fee: \$25.00