

(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	<del>: #</del> )
PICK-UP	₩AIT	MAIL
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## **COVER LETTER**

TO: Registration S Division of Co			
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SUBJECT:	Name of Lin	ited Liability Company	
	Amendment and fee(s) are sub	_	
Please return all corresp	ondence concerning this matter	to the following:	
	Joia Dukes		
	<del></del>	Name of Person	
		Firm/Company	
	2930 22nd St N		
		Address	
	St Pete, Fl, 33713		
	-	City/State and Zip Code	<del></del>
	thedukeofribs@gmail.com		
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Patrick Dukes		727 415-5082	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 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

The Duke of Ribs, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{12/17/18}{}$ and assigned Florida document number <u>L1</u>8000288446 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 "LLC" or the abbreviation "LLC." 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

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>	Address	Type of Action
AMBR	Joia Dukes	2930 22nd St N St. Pete, Fl, 33713	₩Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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E. Effective date, if other than the date of filing:	nt to 605.0207 (3)(t be listed as the
If the record specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the (b) The 90th day after the record is filed.	e earlier of:
Dated 1/9 . 20/9.  Signature of a member or authorized representative of a member	
PATRICK DUKES.  Typed or printed name of signee	_ <del>_</del>

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Filing Fee: \$25.00