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(Re	equestor's Name)		
(Ad	ldress)		
(Ac	ldress)		
(Ci	ty/State/Zip/Phone #)		
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(Document Number)			
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ULS 4-18-19

COVER LETTER

TO: Registra Division				
		Lake Worth LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Arti	cles of A	mendment and fee(s) are sub-	mitted for tiling.	
Please return all co	orrespon	dence concerning this matter	to the following:	
		Jason Hilliker		
		JD's BBQ of Lake Worth L	Name of Person	
			Firm/Company	<u> </u>
		5420 Lake Osborne Dr		
			Address	
		Lake Worth, FL 33461		
		jdsbbqlakeworth@gmail.com	City/State and Zip Code m	
		E-mail address: ()	to be used for future annual report notif	ication)
For further inform	nation co	ncerning this matter, please ca	all:	
Jason Hilliker			740 243-0339	
Name of Person			Telephone Number	
Enclosed is a chec	k 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 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

JD'S BBQ OF LAKE WORTH LLC			
(Name of the Limite	d Liability Company A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Lia Florida document number <u>L19000005742</u>		ere filed on January 3rd, 2019	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liabili	ty company here:	
The new name must be distinguishable and contain the wo	•	Company," the designation "LEC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:		
(Principal office address MUST BE A STREE)	T ADDRESS)		
			<u></u> .
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE F	20V1		
(Muning address MAT BE A POST OFFICE P	<u>302)</u>		
B. If amending the registered agent and/or the new registered off	-	ce address on our records, <u>ente</u>	EX B
Name of New Registered Agent:	Jason Hilliker		STATE OF THE PERSON OF THE PER
New Registered Office Address:	5420 Lake Osbori	ne Dr 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.

City

Lake Worth

If Changing Registered Agent, Signature of New Registered Agent

Florida 33461

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>	Type of Action
AMBR	Ryan Young		
			□ Add
			□ Remove
		13267 Christiansburg Jackson Rd. Saint Paris, OH 43072	■ Change
			Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			□ Add
			Change M
		 	Remove
			Change
			🗆 Add
			Remove
			☐ Change

. If amending any other infor						
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	must be specific and cann s block does not meet t	the applicable sta	of filing or more than tutory filing requir	(optiona 90 days after fili ements, this da	ng.) Pursuant to 60:	5.0207 (3) (ed as the
the record specifies a dela) The 90th day after the		, but not an e	ffective time, a	t 12:01 a.m	n. on the earli	er of:
Dated April 10th) 9 				
		M-	. /			
	1/					
	Signature of a memb	ier or pulborized re	presentative of a mer	nher		

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Filing Fee: \$25.00