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(Req	questor's Name)	
(Add	lress)	
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Certified Copies	Certificates	s of Status
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COVER LETTER

Div	ision of Cor	porations	•	•
SUBJECT:		VOR BBQ CATERING AND	FUNDRAISING LLC	
30031A, 1.		Name of Lim	ited Liability Company	
The analogae	d Amiolog of	Amendment and fee(s) are sub	mitted for filing	
			-	
Please returr	all correspo	ndence concerning this matter	to the following:	
		LASHUNIA FRAZIER		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		FULL FLAVOR BBQ CA	TERING AND FUNDRAISING LE	.C
			Firm/Company	
		PO BOX 831056		
			Address	
		OCALA FL 34483		
		lashuniafrazier@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	ication)
For further in	nformation c	oncerning this matter, please ca	all:	
LASHUNIA	FRAZIER		352 286-1071	
	Name o	f Person		Telephone Number
Enclosed is a	a check for th	ne following amount:		
	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FULL FLAVOR BBQ CATERING AND FUNDRAISING LLC

2019 APR -8 PH 3: 05

(<u>Name of the Limited Liah</u> (A Flor	ility Company as it now appears on od ida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Florida document number L19000064055		6, 2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designati	on "Ll.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		records, enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
		, Florida
	Ciţy	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.

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
AR	LASHUNIA FRAZIER	8 REDWOOD RUN CT OCALA, FL. 34483	
			■ Remove
			☐ Change
MGR	LASHUNIA FRAZIER	8 REDWOOD RUN CT OCALA, FL. 34483	∃ Add
			☐ Remove
			Change
			□ Remove
			Change
			🗖 Add
			☐ Remove
			□ Change
	·		□ Add
	 	□ Remove	
		**************************************	Change
			□ Add
			Remove
			Change

DESIGNATION TO: MGR. THANK YOU!	
	
	·
tive date, if other than the date of filing:	
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or e 90th day after the record is filed.	n the earlier of:
APRIL 5 , 2019 .	
Signature of a member or authorized representative of a member	
LASHUNIA T. L. FRAZIER	

Page 3 of 3

Filing Fee: \$25.00