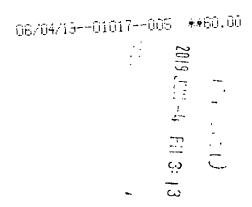
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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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COVER LETTER

	gistration Sec vision of Corp			
CUBIECT.	Bubba's N B	Betty's LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	ı all correspoi	ndence concerning this matter	to the following:	
		Mark Starks		
			Name of Person	
		Bubba's N Betty's		
			Firm/Company	
		59 Walnut Road Unit 2		
			Address	
		Ocala, Fl. 34480		
		BubbasNBettys@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	ification)
For further is	nformation co	oncerning this matter, please ca	all:	
Mark Starks	,		352 2467139	
	Name of	Person		ne Telephone Number
Enclosed is a	a check for the	e following amount:		
□ \$25.00 F	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 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

Bubba's N Betty's 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 April 24, 2019 and assigned Florida document number _ L19000111756 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 "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

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	Mark Starks	6775 Se 1st Ocala Fl 34472	
			Add
			☐ Remove
			☐ Change
Ar	Marcus Starks	6775 Sc 1st Ocala FI 34472	
			■ Remove
			☐ Change
Ar	KC Starks	6775 se 1st Ocala Fl 34472	
			■ Remove
			□ Change
Аг ———	Paul Starks	6775 Se 1st Ocala Fl 34472	
			Remove
			☐ Change
			□ Remove
			Change
			
			Remove
			☐ Change

				
				
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ective date, if other the	an the date of filing: late must be specific and cannot be put		(optional)	
ie. Il ule date iliserted ili	this block does not meet the app the Department of State's recor	oncable statutory ming requ	an 90 days after filing.) Pursuar uirements, this date will not	nt to 605.02 be listed a
record specifies a de he 90th day after th	elayed effective date, but ne record is filed.	not an effective time,	at 12:01 a.m. on the	earlier
May 22nd	2019			
	917.1	100		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00