L19000117808

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COVER LETTER

TO:

Registration Section Division of Corporations

BBQ Florid	la, LLC		
30BJEC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Shivon Patel, Esq.		
		Name of Person	
	The Principal Law Firm, P	P.L.	
		Firm/Company	
	4901 International Parkwa	y, Suite 1021	
		Address	
	Sanford, FL 32771		
		City/State and Zip Code	
	shivon@principallaw.net		
	E-mail address: (to be used for future annual report not	dification)
For further information co	oncerning this matter, please c	all:	
Shivon Patel, Esq.		407 322-3003 at ()	
Name of Person		Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration So Division of Co The Centre of	rporations
Tallahassee, I		2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 6: 49 OF

BBQ Florida, LLC	•	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our ability Company)	<u>records.</u>)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L19000117808</u>	vere filed on May 1, 201	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designatio	on "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 ad agent and/or the new registered office address here:	ldress on our records,	enter the name of the new register
Name of New Registered Agent:	-	
New Registered Office Address:		
	Enter Florida street	1 autress
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:	O.i.	137 55.11
I hereby accept the appointment as registered agent and agree	e to act in this capacit	v. I further agree to comply with th
provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erformance of my dut	ies, and I am familiar with and 🥏

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 221 JUN 24 AM 6: 49	Type of Action
AMBR	Sailesh Patel	3752 Southern Hills Dr.	□Add
		Jacksonville, FL 32225	=Remove
			□ Change
			□Remove
		□Change	
			□Add
		□Remove	
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ective	date, if other than the date of we date is listed, the date must be specified attended in this block does a effective date on the Department.	of filing:	o date of filing or more the ble statutory filing requ	(optional) in 90 days after filing.) Pursuant to 60 airements, this date will not be lis)5.0207 sted as
<u>te:</u> If i	s cheenve date on the Departing				
<u>te:</u> If t ument	pecifies a delayed effective date. I	but not an effective tin	nc. at 12:01 a.m. on the	earlier of: (b) The 90th day aft	er the
te: If the unions of the terminal of the termi	pecifies a delayed effective date. I	but not an effective tin	nc, at 12:01 a.m. on the	earlier of: (b) The 90th day aft	er the
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