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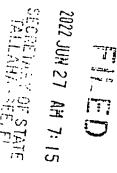
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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A. BUTLER SEP 1 9 2022

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: BOY	y Macy Bards	erue, LLC	
<u> </u>	Name of Limite	ed Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subm	itted for filing.	
	lence concerning this matter to		
	Dav	U. L. Wilson Name of Person	
	Boney Mi	GES Barkeove, 120 Firm/Company	<u> </u>
	1025 Com	nty Road 46R	Suite 1071, 306
		1014 FL 32746 - 47 City/State and Zip Code	
	Boner, More	s BBQ (Q AMAI). CUM be used for future annual report not	lication)
For further information cor	ncerning this matter, please cal	н:	
David L. Name of I	<u>4)//5000</u> Person	at (<u>959</u>) <u>909</u> Area Code Daytin	3218 ne Telephone Number
Enclosed is a check 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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address:</u> Registration Se		<u>Street Address:</u> Registration Se	ection
Division of Co		Division of Co	
P.O. Box 6327		The Centre of	l'allahassee

Tallahassee, FL 32314

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Bungy Mac's &	Sarboque, LLC	2022 JUN 27 AM 7: 15
(Name of the Limited	CACCAC LLC Liability Company as it now appears A Florida Limited Liability Company)	on our records.) OF STATE FALLAMA SEF, FI
The Articles of Organization for this Limited Lial	bility Company were filed on	and assigned
Florida document number	 -	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company her	<u>e</u> :
NA		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	
B. If amending the registered agent and/or reg		cords, enter the name of the new registered
agent and/or the new registered office address	nere:	
Name of New Registered Agent:		
	Med Markin Int	La- King To Rlyd Suite A
New Registered Office Address:		la street add re ss
	Bartow	Ler King Ir Blvd Suite A ta street addiess Florida 33830
	City	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 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
NA	NA		
	•		□Remove
			□Change
			\Add
			□ Change
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Note: If the	date inserted	in this block d	e of filing: pecific and canno does not meet th ment of State's	ne applicable s	2022 e of filing or more statutory filing s	(op e than 90 days a requirements.	fter filing.) Pursua	unt to 605.0207 of be listed as
record spe d is filed.	cifies a delaye	d effective date	e, but not an eff	fective time, a	t 12:01 a.m. on	the earlier of	(b) The 90th	day after the
Dated				··································				
	- 	<u> </u>	ature of a member	Vilan				
-		Sign	ature of a membe	er of authorized	representative o	t a member		

Filing Fee: \$25.00