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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



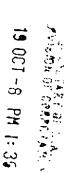


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10/08/19--01024--016 **25.00

LLC NC E Amend.

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Holy Moley All American Canteen Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Karen Smith Name of Person
2158 MASSACHUSETTS AUE
LATRADELLE Fl. 32322 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
HAREN GM: H at (850) 494-6750 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

Hoy Moley All American Canteen Lability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company v	vere filed on <u>08-2</u>	1-2019	and assig	gned
Florida document number 1900209477				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:	٨		
KBS All American (LANTEEN LI	<u> </u>		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "l	.LC" or the abbrevia	ation "L.I.	C."
Enter new principal offices address, if applicable:	406 SE AU	ER 13	<u>720</u> 1	
(Principal office address MUST BE A STREET ADDRESS)	-CALLADER	F F1 0	<u>400 (</u>	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	406 SE P	HUEB 14.323	.22	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ords, <u>enter the</u>		f the new
Name of New Registered Agent:				<u> </u>
New Registered Office Address:				ログ/ ディル 海が
	Enter Florida street ad	dress		2.
		. Florida	ني:	-1
	City		ip 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, <u>enter the title, name, and address of each person_being added</u> • <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
THE .	<u>6</u>		
·			Remove
			Change
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f an ef <u>Note:</u>	tive date, if other than the date of filing:
ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	10-08 2019
	Signature of a member or authorized representative of a member
	The state of the s

Page 3 of 3

Filing Fee: \$25.00