

L19000222968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

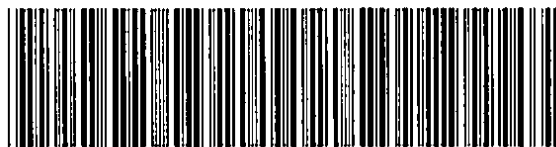
(Business Entity Name)

(Document Number)

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MAR 09 2020  
C Kinsey

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Big E & Shundra's Soul Smokehouse, LLC  
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:

Shundra Cheeks

Name of Person

Shundra's Soul Smokehouse

Firm/Company

3887 Northdale Boulevard

Address

Tampa, FL 33624

City/State and Zip Code

shundracheeks43@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shundra Cheeks

517 3166466  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|---|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Big E & Shundra's Soul Smokhouse 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 September 3, 2019 and assigned Florida document number L19000222968.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Shundra's Soul Smokehouse, LLC

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)

3887 Northdale Boulevard

Tampa, Florida

33624

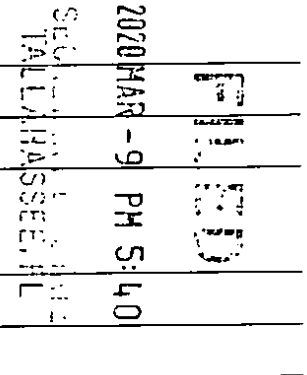
Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3887 Northdale Boulevard

Tampa, Florida

33624



**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: Shundra Cheeks

New Registered Office Address: 3887 Northdale Boulevard  
*Enter Florida street address*

Tampa, **Florida** 33624  
*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 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**

[illegible]

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~~February 25, 2020~~ AC

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 18 03.5. 2020

*Sundra Cheeks*  
Signature of a member of author

Signature of a member or authorized representative of a member

## Shundra Cheeks

Typed or printed name of signee