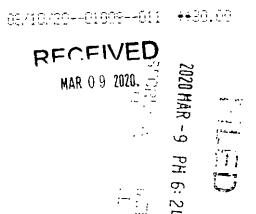


(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	







O SINIMONIS
MAR 26 2020

COVER LETTER

	stration Section ion of Corporations
SUBJECT:	Beom BBQ LLC
SOBJECT.	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:
	Madhaw Wolfe
	Firm/Company
	Firm/Company
	24017 Carel St
	24017 Cariel St. Address
	Ponta Lorda FL 33980
	City/State and Zip Code Ma Hwolke for @ grues: (. com E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
M	Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:
□ \$25.00 F	ling Fee \$\square \text{\$\sqrt{\$\gamma}\$} \text{\$\gamma\$} \tex
	ing Address: Street Address: istration Section Registration Section

Division of Corporations P.O. Box 6327

TO:

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Booin BB	Q LLC			
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our record ed Liability Company)	<u>s.</u>)		
The Articles of Organization for this Limited Liability Compa Florida document number <u>しりののえんらう73</u> .	uny were filed on 6/23/i	9	and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	iability company here:	/		
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC	" or the abbrev	iation "I	L.C."
Enter new principal offices address, if applicable:			~	
(Principal office address MUST BE A STREET ADDRESS)			2020 MA	
			# <u></u>	:
Enter new mailing address, if applicable:			-9 P	
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	_ ÷	
			2=	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address		the ne	w registere
	, Flo	orida	Zip Code	
	5 . .	•		

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
MGR	Jill C. Walfre	*WONDOWS PAR	□Add
		Tunta Gerda, FL 33980	Remove
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			□Add
			□Remove
			Change 020 HA Add
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ffective date, if other that an effective date is listed, the date: If the date inserted in ocument's effective date or record specifies a delayed ed is filed.	this block does not meen the Department of State	et the applicable state's records.	atutory filing requir	ements, this date wil	l not be lis	

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