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(((H20000005381 3)))



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Phone : (239)649-6200

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGNER BIG HICKORY WATERFRONT GRILL & GRILL MARINATELC &

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## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

BIG HICKORY WATERFRONT GRILL & GRILL N	MARINA, LLC		
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears o Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 12/27.	/2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabl	lity company here	:	
Big Hickory Waterfront Grille & Marina, LLC			
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the desig	gnation "LLC" or the	ibbreviation "L.L.C."
Enter new principal offices address, if applicable:			700
(Principal office address MUST BE A STREET ADDRESS)		<del></del>	7 P
<del></del>			
			第 6 厂
Enter new mailing address, if applicable:			7
(Mailing address MAY BE A POST OFFICE BOX)			
			<u> </u>
			\$ <b>2</b>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our reco	ords, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address	
		_, Florida _	
<del></del>	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hardly accept the appointment as registered agent and agr	ee to act in this ca	pacity. I further a	gree to comply with the
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	-performance of m	y aunes, ana 1 am	i jamiiiar wiin ana

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

→ 18506176383

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□Add
			□ Remove
			Change
			🗆 Add
			□ Remove
			Change
-			□ Add
			Change
			□Add
			Remove
			□ Change

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D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e Note	January 6, 2020  tive date, if other than the date of filing:  flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the record is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	January 6 2020
	Mic Kails  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Traci G. Kautzman  Typed or printed name of signee