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SECRETARY OF STATE

COVER LETTER

Division of Corporations	
SUBJECT: Starke Beef's Name of Limited	116.
Name of Limited	Liability Company
The enclosed Articles of Amendment and fee(s) are submitted	ted for filing.
Please return all correspondence concerning this matter to t	he following:
Robert A.	Wolfenden Name of Person
Starke Bee	Firm/Company
805 E. Bloom	ningdale Ave., PMB#687
Brandon, Fl	33511
rwolfenden@leg E-mail address: (to B	acy franchised evelopment. Com e used for future annual report notification)
For further information concerning this matter, please call:	
Robert A. Wolfenden Name of Person	at (<u>813</u>) 714. 9044 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\square \$30.00 Filing Fee & Certificate of Status	Street Address:
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 m Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Starke, Beef's	LIC	SECRE TAL
(Name of the Limited Liability C.) (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	27 2
The Articles of Organization for this Limited Liability Complete Florida document number <u>L20000030055</u>	pany were filed on 01/13/2020	L 29 assigned D
This amendment is submitted to amend the following:		30 ATE
A. If amending name, enter the new name of the limited	liability company here:	
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 ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	fice address on our records, <u>enter the</u>	e name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
<u>-</u>	Enter Florida street address	
	, Floric	
	City	Zip Code
New Designand Agent's Signature if changing Degistered As	mant.	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	J. Cliff Longshore	Address 805 E. Bloomingdale An PMB # 687	ARE TO SE
		PMB # 687	NSS OF Marmove
		Brandon, FL 33511	STATE Offenge
			□ Add
			□Remove
			Change
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and an allow the sale and the s	,	
ective date, if other than the date of filing:	te of filing or more than 90 days aff	tional) ter filing.) Pursuant to 605.020
te: If the date inserted in this block does not meet the applicable		
ument's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an effective time, a s filed.	at 12:01 a.m. on the earlier of:	(b) The 90th day after the
, mod.		
. Tulu 20 3000		
ed July 20, 2022.		
1/11/6/1		
1/ /64 0011 _		
Signature of a nomber or authorized Robert A. Wolfende Typed or printed na	d representative of a member	

Filing Fee: \$25.00