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| Special Instructions to | Filing Officer: | |
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| MIXONB | BQ, LLC | | |
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| SUBJECT: | Name of Lim | ited Liability Company | ···· |
| | | to the die | |
| | | | |
| Please return all correspon | Division of Corporations MIXONBBQ, LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. e return all correspondence concerning this matter to the following: ANTHONY G, COLEMAN, JR. Name of Person COLEMAN & COHEN LLC Firm/Company 2151 W HILLSBORO BLVD, SUITE 206 Address DEERFIELD BEACH FL 33442 City/State and Zip Code DCOHEN@SOUTHFLORIDATAXES.COM E-mail address: (to be used for future annual report notification) arther information concerning this matter, please call: (HONY G, COLEMAN, JR. Name of Person Name of Person Name of Person Daytime Telephone Number | | |
| | ANTHONY G. COLEMA | N, JR. | |
| | MIXONBBQ, LLC Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: ANTHONY G, COLEMAN, JR. Name of Person COLEMAN & COHEN LLC Firm/Company 2151 W HILLSBORO BLVD, SUITE 206 Address DEERFIELD BEACH FL 33-442 City/State and Zip Code DCOHEN@SOUTHFLORIDATAXES, COM E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: ONY G, COLEMAN, JR. Name of Person 4 (Area Code) Daytime Telephone Number 2500 Filing Fee Certified Copy Certified Copy S60.00 Filing Fee. Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy | | |
| | COLEMAN & COHEN L | LC | |
| | | Firm/Company | - · · · · · · · · · · · · · · · · · · · |
| | 2151 W HILLSBORO BL | VD, SUITE 206 | |
| | | Address | |
| | DEERFIELD BEACH FL | 33442 | |
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| For further information co | | | |
| ANTHONY G. COLEMA | NN, JR. | | |
| Name of | Person | at () Area Code Daytime T | elephone Number |
| | | | |
| Enclosed is a check for th | e following amount: | | |
| ■ \$25.00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
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| Registration S Division of Co | | Registration Secti Division of Corpo | |

P.O. Box 6327

Tallahassee, FL 32314

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

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

| any as it now appears on our records Liability Company) | <u></u>) |
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| y were filed on 01/22/2020 | and assigned |
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| bility company here: | |
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| ility Company," the designation "LLC" | or the abbreviation "L.L.C." |
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| address on our records, enter t | the name of the new registered |
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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 |
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| ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to cote: If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's records. | date of filing or more than e statutory filing requir | (optional) 90 days after filing.) F ements, this date w | Pursuant to 605,02 ill not be listed |
| record specifies a delayed effective date, but not an effective time, is filed. | , at 12:01 a.m. on the e | arlier of: (b) The 9 | 90th day after th |
| nted JUNE 24 2021 | | | |
| Signature or genember of authorize | | | |

Filing Fee: \$25.00