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TO:				***
contra	Big Eats LI			
SUBJEC	↓I: <u></u>		ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Andrea Graham		
			Name of Person	
	Big Eats LLC Name of Limited Liability Company			
			Firm/Company	Daytime Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Idress: ation Section a of Corporations attree of Tallahassee
		Andrea Graham Name of Limited Liability Company Seles of Amendment and fee(s) are submitted for filing. Perespondence concerning this matter to the following: Andrea Graham Name of Person Big Fats LLC Firm/Company 646 2nd Avenue South Address St. Petersburg, Fl. 33701 City/State and Zip Code andi@uptowncutsstpete.com E-mail address: (to be used for future annual report notification) ation concerning this matter, please call: 127		
			Address	.
	Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. I lease return all correspondence concerning this matter to the following: Andrea Graham Name of Person Big Eats 1.1.C Firm/Company 6-16 2nd Avenue South Address St. Petersburg, Fl. 33701 City/State and Zip Code andi@uptowneatsstpete.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: undrea Graham Name of Person Name of Person Name of Person Name of Person St. Detersburg, Fl. 33701 City/State and Zip Code andi@uptowneatsstpete.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: undrea Graham Name of Person Street Address: Registration Section Name of Status & Certificate of Status & Registration Section Mailing Address: Registration Section			
		Big Eats LLC Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing. so all correspondence concerning this matter to the following: Andrea Graham Name of Person Big Eats LLC Firm/Company 6-46-2nd Avenue South Address St. Petersburg, Fl. 33701 City/State and Zip Code andi@uptowneatsstpete.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: ham Name of Person Area Code Daytime Telephone Number a check for the following amount: Filing Fee Certificate of Status Certificate of Status & Certificate Copy (additional copy is enclosed) alting Address: gistration Section Division of Corporations		
		•		
		E-mail address: (to be used for future annual report not	fication)
For furth	ner information c	oncerning this matter, please c	att:	
Andrea (Graham			
	Name o	f Person	Area Code Daytin	e Telephone Number
Enclosed	J is a check for th	he following amount:		
■ \$2 5.	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			-	
	Tallahassee			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20201111.12 111 9: 24

Big Eats LLC			
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears (ed Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Comparison for the Limited Liability Comparison of L20000068172 $\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$	ny were filed on $\frac{03/0}{}$	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company hero	:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	_		
(Principal office address MUST BE A STREET ADDRESS)			
			
Cutan non-sailing address if analisables			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(Maining address MAT BE A FOST OF FICE BOX)			
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: Name of New Registered Agent:	e address on our rec	ords, <u>enter the name of the new register</u>	
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Ager	nt:		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi- company has been notified in writing of this change.	ete performance of m is provided for in Ch	w duties, and I am familiar with and appear 605, F.S. Or, if this document is	
If C	hanging Registered Agen	. 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
AMBR	Daniel Schmidt	860 19TH AVE N	□Add
		St. Petersburg, FL 33704	□Remove
			≡ Change
AMBR	Anchor Partners LLC	646 2nd Avenue South	= Add
		St. Petersburg, FL 33701	□Remove
			□ Change
AR	Big Sea Inc.	646 2nd Avenue South	
		St. Petersburg, FL 33701	■Remove
			□ Change
			□Remove
			⊡Change
			\ _Add
			□Remove
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(If an effecti Note: If t	date, if other that we date is listed, the dat the date inserted in the 's effective date on	ate must be specific an this block does not	d cannot be prior to meet the applical	o date of filing or mor ole statutory filing	(optiona e than 90 days after filir equirements, this da	ng.) Pursuant to 605.02	07 (3)(b) as the
he record spord is tiled.		ffective date, but no	t an effective tim	ie, at 12:01 a.m. or	the earlier of: (b)	The 90th day after th	e
Dated	farch 9	<i>-</i> /-	2020				
	\Diamond	1/1/		1111 Hami	zed renver	sentative	
		Signature of a	member or author	ized representative o	zed represamental	nu Parth	ous L