L20000090007

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COVER LETTER

TO:	Registration So Division of Co		Ŷ	
SHRIE	B&B CATI	ERING, LLC		
SUBJE	CI:	Name of Lir	nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	r to the following:	
		James Bearden, Esq.		
			Name of Person	
		CBR Law Group, LLLP		
		,	Firm/Company	
		165 East Palmetto Park	Road, Suite 200	
			Address	
		Boca Raton, Florida 334	132	
		iamas@ahdaa	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		james@cbrlawgroup.com E-mail address; (to be used for future annual report noti	tication)
For furth	er information co	oncerning this matter, please c		
James I	Bearden, Esq.		561 608-1515	
	Name of	Person	at () Area Code Daytime	e Teiephone Number
Enclosed	is a check for th	e following amount:		
□ \$25.8	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B&B CATERING, LLC			
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on March	13, 2020	_ and assigned
Florida document number L20000090007			_ 0
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
WAYNE BARTON MOTORS, LLC			
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the design	nation "LLC" or the abbri	eviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>		Sa 22
(Principal office address MUST BE A STREET ADDR	RESS)		
			, , , , , , , , , , , , , , , , , , ,
Enter new mailing address, if applicable:	_	· male graph	
(Mailing address MAY BE A POST OFFICE BOX)		- 41-31-4	?}' \$5
		; - L	-
			-
B. If amending the registered agent and/or registered	l office address on our record	ds, enter the name o	of the new regist
agent and/or the new registered office address here:		,	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida su	reet address	 -
		The state of the s	
	City	, Florida	Zin Code

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:

or remov	eu trom our records:		
MGR =	Manager		
AMBR =	Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		 ,	□Remove
			Change
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m effec ote: If	e date, if othe tive date is listed, the date inserte it's effective da	, the date must be ed in this block	specific and ca does not me	annot be prior to et the applica	a date of tiling a	more than 00 day	(optional) es after filing.) I ts. this date w	fursuant to 605.02 ill not be listed :
is med	1.							90th day after th
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Filing Fee: \$25.00