## 120000175380

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



800349708738

08/10/20 -- 01016 -- 021 ++50.00



## COVER LETTER

. TO:

Registration Section

Divisi	on of Cor	porations			
CLIDING		ng BBQ & Scafood LLC.			
SUBJECT: _	Name of Limited Liability Company				
The enclosed A	Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please return al	ll correspo	ndence concerning this matter	to the following:		
		Sheree Williams			
			Name of Person		
			Firn/Company	<del></del>	
		1363 Lake Baton Dr	· in a company	<del></del>	
		<del> </del>	Address		
		Deltona FL 32725		. 3	
		shereewilliams 101@gmail. E-mail address: (	City/State and Zip Code com to be used for future annual report no	tification)	
For further info	ormation c	oncerning this matter, please c	all:		
Sheree Willian	ns		386 216-4706 at ()		
	Name of	Person	Area Code Dayti	me Telephone Number	
Enclosed is a c	heck for th	e following amount:			
□ \$25.00 Fili	ing Fec	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		Street Address: Registration S	ection		
Division of Corporations			Division of Co	orporations	
	Box 632	7 FL 32314	The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810	

Tallahassee, FL 32303

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

N. 6.	
la Limited Liability Company)	i our recoras.)
Company were filed on 6/23/2	and assigned
nited liability company here:	
nited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
<u></u>	
RESS)	
<del></del>	
	•
ed office address on our reco	rds, enter the name of the new register
Enter Florida	street address
	, Florida
City	Zip Code
	nited liability company here:  nited Liability Company," the design resolution and office address on our reconstruction of the contraction of the

## 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 address or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□Change
<u>.</u>			□Add
			∃□Remove
			□Change
			:∋ □Add
			☐Remove
			□ Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
<del></del> -			□Add
	,		□Remove
			□ Change

amending any other information, enter change(s) here	
	Ţ-
ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior  ote: If the date inserted in this block does not meet the application occument's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an effective till is filed.	me, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated July 27th 2020	odzed representative of a member
	pared representative of a mention
Sheree Williams	

Filing Fee: \$25.00