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(F	Requestor's Name)	
	Address)	
· (A	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
· (E	Business Entity Name)	
([Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	
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01/20/22--01010--020 ++25.00

A. BUTLER
JAN 28 2022

COVER LETTER

TO: Registration S Division of Co			
	itchen King, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter		
, <u>-</u>		g.	
	James S. Roderick		
		Name of Person	
ł	Outdoor Kitchen King, LL	.C	
,		Firm/Company	
	150 SE 116th Ter		
		Address	
	Williston, FL 32696		
		City/State and Zip Code	
	steve@okkings.com		
For further information	E-mail address: (concerning this matter, please o	to be used for future annual report no	stification)
	concerning this matter, prease c		
James S. Roderick		813 520-9418 at ()	
Name	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
NG-181 A 3 3		54	
Mailing Addre Registration		<u>Street Address:</u> Registration S	ection
Division of O	Corporations	Division of Co	orporations
P.O. Box 63:		The Centre of	
Tallahassee,	FL 32314	2415 N. Monr Tallahassee, F	oe Street, Suite 810 L 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Outdoor Kitchen King, LLC		20 11 1 20 2 3 11 1 0	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on	our records.)	
		11 3	LI,FI
The Articles of Organization for this Limited Liability Company	y were filed on	020	_ and assigned
Florida document number L20000301822			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company here:		
Outdoor Kitchen Kings, LLC			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the design	ation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	108 NW 10th Ave		
(Principal office address MUST BE A STREET ADDRESS)	Williston, FL 32696	 	
1		·, -	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office	address on our recor	ds, <u>enter the name c</u>	f the new register
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
!	Enter Florida st	reet address	
		, Florida	
	City		Zip Code
	•		
New Registered Agent's Signature, if changing Registered Agent	:		

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
			□Add
			□Remove
			[]Change
			□ Add
			□ Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			☐ Change
			🗆 Add
			Remove
			□Add
			□ Remove
			□Change

 				
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Effective date, if other than the	date of filing:		(optional)	D
Note: If the date inserted in this bidocument's effective date on the D	ock does not meet the app	licable statutory filing re	equirements, this date	will not be listed
e record specifies a delayed effectived is filed.	e date, but not an effective	e time, at 12:01 a.m. on	the earlier of: (b) The	: 90th day after ti
Dated	2022	·		
				
	Signature of a member or au			
	Signature of a member or au	unorized representative or	a member	

 $(i_1, \dots, i_{r-1}, \dots, i_{r-1})$

Filing Fee: \$25.00