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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone #	7)
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(Bu	siness Entity Name)
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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO:

TO:	Registration Se Division of Cor				
	Pillars BBQ), I.J.C		•	
SUBJI	ЕСТ:		#·		
		Name of Lim	ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
		ndence concerning this matter			
		Martin Calderon			
			Name of Person		
		Pillars BBQ, LLC			
			Firm/Company		
		9761 Bennington Chase D	г.		
			Address		
		Orlando, FL 32829			
		City/State and Zip Code pillarsbbq@gmail.com			
		E-mail address: (to be used for future annual report notifica	ition)	
For fur	rther information c	oncerning this matter, please ca	ail:		
Martir	n Calderon		407 990-4086		
	Name o	f Person	at () Area Code Daytime T	elephone Number	
Enclos	ed is a check for th	ne following amount:			
	5.00 Filing Fœ	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,	
₩ 92	S.W Fling FC	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres Registration S		Street Address: Registration Secti	on	
	Division of C		Division of Corpo		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pillars BBQ, LLC				
(Name of the Limited Liability Compar (A Florida Limited L.	iy as it now app iability Compan	y)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	December 8th, 2020	and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company	here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," th	ne designation "LLC" or the ab	breviation "L.	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
				
Enter new mailing address, if applicable:			-	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on ou	r records, <u>enter the nam</u>	e of the nev	v registered
Name of New Registered Agent:	·			
New Registered Office Address:			20	
	Enter I	Florida street address	ji Ji	·)
		, Florida	-1 (2)	
	City		Zip Code	· 1
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance provided for i	of my duties, and I am j n Chapter 605, F.S. Or,	lamilia r พ ู่เเ if this docu	th and iment is

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Martin Calderon	9761 Bennington Chase Dr.	
			= Add
		Orlando, FL 32829	
			□Remove
			_
			□ Add
			\AQQ
			□Remove
			□Change
			□Remove
			5 0
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If an eff Note:	ve date, if other than the date of filing:
e recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	JANUARY 25, 2021
	Signature of a member or authorized representative of a member