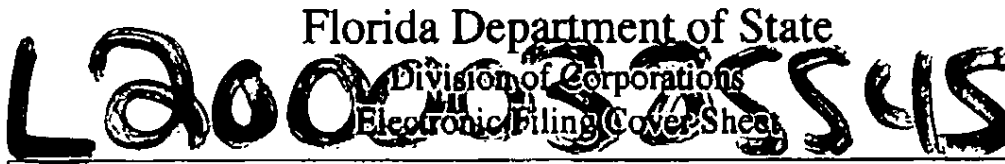


Division of Corporations

2/1/21, 2:57 PM



**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H21000043569 3)))



H210000435693ABC/

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LIQUOR LICENSE LOCATORS, LLC  
Account Number : I20200000150  
Phone : (407)953-0034  
Fax Number : (866)929-0535

TALLAHASSEE, FL

2021 FEB -1 AM 10:36

FILED

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
HOLLY HILL'S ROADHOUSE BAR & GRILL LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$30.00

FEB -2 2021  
C Kinsey

H210000435693

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOLLY HILL'S ROADHOUSE BAR & GRILL, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/9/2020 and assigned  
Florida document number L20000385545.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*Zip 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 Changing Registered Agent, Signature of New Registered Agent

H210000435693

H210000435693

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

Title	Name	Address	Type of Action
MGR	JULIE M. BOSCHEN	45 NE FOREST VIEW WAY	

☐ Add

ORMOND BEACH, FL 32174

☒ Remove☐ Change

MGR Zacharey S. Porter

19 Aaron Circle

Add

\* Change address only

Ormond Beach, FL 32174

☐ Remove☒ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change☐ Add☐ Remove☐ Change

H210000435693

#210000435693

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 02/11/2021

Signature of \_\_\_\_\_

Signature of member or authorized representative of a member

Zacharey S. Porter

Typed or printed name of signee

A 210000435693

**Filing Fee: \$25.00**