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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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05/10/21--01045--008 **25.00





COVER LETTER

Division of Corp			
SUBJECT:	Traphouse	Sea food and BBQ	
	Name of Lim	ited Liability Company	
The enclosed Articles of z	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	<u> </u>	mani F. Albert	
	,	Name of Person	
		Firm/Company	
	2045 Bahia	Vista Street Sara Address	
	Saraspta	Florida 34236 City/State and Zip Code	
		M. Va Loo room to be used for future annual report notif	fication)
For further information co	oncerning this matter, please co		
	F. Albert	at (<u>901</u>) <u>302</u> <i>D</i> Area Code Daytime	293 e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 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	<u>s:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Traphouse S (Name of the Limit	eatool And BBQ LLL ed Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Li Florida document number <u>L 21000015</u>	ability Company were filed on 1/20/207	2 1 and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of		2021 HA
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applic (Principal office address MUST BE A STREE		0 11 99
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
B. If amending the registered agent and/or r agent and/or the new registered office addres	egistered office address on our records, <u>enter</u> s <u>s here</u> :	the name of the new registered
Name of New Registered Agent:	Chades Cooper 2045 Batia Vista Street	·
New Registered Office Address:	2045 Balina Vista Street Enter Florida street address.	<u> </u>
	Sara sota	orida <u>3423</u> le 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

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>	Name		Type of Action
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Note: If the date locument's effect	inserted in this	block does no	t meet the app	licable statute	ory filing requ	irements, th	is date will	not be lis	ted as t
iocument s effect	ive date on the	Department o	i state s recor	us.					
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d is filed.	a delayed effect	ive date, our n	or an effective	e time, at 12.0	yr a.m. on use	carner or. (0) THE 90	ur day are	ci tiic
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		Signature of	a member or a	ithorized repre	sentative of a n	ember			

Filing Fee: \$25.00