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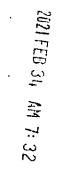
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## **COVER LETTER**

TO: Registr Division	ation Section 1 of Corporations		
Bri	ck House Fatery LLC	e.	
SUBJECT:	Name of	Limited Liability Company	<u></u>
The enclosed Art	icles of Amendment and fee(s) are	submitted for filing.	
Please return all	correspondence concerning this ma	atter to the following:	
	Jackie Watson		
		Name of Person	
		Firm/Company	
	315 N Mulberry Street		<u> </u>
		Address	
	Monticello, Florida 32		
	Triciaplatt74@gmail.co	City/State and Zip Code	··· <del>·</del>
	·	ss: (to be used for future annual report not	ification)
For further inform	nation concerning this matter, pleas	se call:	
Fricia Platt		850 210-9105 at ( )	
	Name of Person		ne Telephone Number
Enclosed is a che	ck 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio P.O. Bo	Address: ation Section n of Corporations ox 6327 ssee, F1, 32314	Street Address: Registration Second Division of Core The Centre of Tallahassee, FL	porations allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brick House Eatery LLC 2021 FEB 34 AM 7: 32 (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 January 8, 2021 1997 and assigned Florida document number L21000023032 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Jackie's Brick House Fatery LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: 190 N Jefferson Street Monticello, FL 32344 (Principal office address MUST BE A STREET ADDRESS) 315 S Mulberry Street Enter new mailing address, if applicable: Monticello, FL 32344 Mailing address MAY BE A POST OFFICE BOX) I. If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## w Registered Agent's Signature, if changing Registered Agent:

sereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability apany has been notified in writing of this change.

City

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			10 m - 3 20 m - 3 20 m - 20 m		
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ive date, if other than the date of filing: ective date is listed, the date must be specific and cannot be partial of the date inserted in this block does not meet the appent's effective date on the Department of State's record	HICADIC STATUTORY TITO	(optinore than 90 days after aguirements, this	o <b>nal)</b> filing.) F s date w	Pursuant to 60 ill not be lis
d specifies a delayed effective date, but not an effectiveled.	e time, at 12:01 a.m.	on the earlier of: (b	) The S	90th day afte
Febraury 2 2021	<del></del>			
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Suprature of a mornoer or a	thorized representative	<del></del>		

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