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(Re	equestor's Name)	
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2021 HAR 24 PM ID: NO

JUN 0 7 2021 R. HUNT

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: BD	Leggs BBQ Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
		Name of Person BBO UC Firm/Company 07+h S+ Address 3316 2 City/State and Zip Code	
		to be used for future annual report notifi	ication)
For further information cor	ncerning this matter, please ca	ail:	
Kevin Kirb Name of F	Person	at (305) 609 Area Code Daytime	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 Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		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

RO Leags BBQ LLC
(Name of the Limited Liability Company as it now appears on our records.)

(Name of the Limited L) (A F)	Torida Limited Liability Company)	r records.)	
The Articles of Organization for this Limited Liabil Florida document number 100361874	ity Company were filed on <u>9</u> 131 (tracking #) 12	12/2021 and assigned	
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 designati	on "Ll.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable	::		
(Principal office address MUST BE A STREET A	DDRESS)		
		1921 1921	
		HAR	
Enter new mailing address, if applicable:		2 35	-
(Mailing address MAY BE A POST OFFICE BOX	x)	<u>ان براد هـ </u>	-
	_	Z 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
		0 0	
B. If amending the registered agent and/or regis		, enter the name of the new registere	<u>C</u>
agent and/or the new registered office address he	<u> </u>		
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:	Enter Florida stre	et address	
	AND		
_	City	, Florida	
New Registered Agent's Signature, if changing Regis	•		
I hereby accept the appointment as registered as provisions of all statutes relative to the proper a accept the obligations of my position as register being filed to merely reflect a change in the registery company has been notified in writing of this charge.	gent and agree to act in this capact and complete performance of my du and agent as provided for in Chapte and stered office address. I hereby con	aties, and I am familiar with and er 605, F.S. Or, if this document is	9.

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>	<u>Address</u>	Type of Action
MGRM	Kevins nority	250 NE 167th st. Miami FL133	□Add
	·		□Remove
			Change
MGRM	Kevin Kirby	15757 Pines Blvd ste.	<u> </u>
	/	Pembroke Fines FL,33	0 2 7 □Remove
			Ochange
			□ Add
			□Remove
			□Change
			□ Adđ
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an eff lote:	ive date, if other than the date of filing:
recor Listi	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 led.
ated	18/2021 Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Kevins Dority Typed or printed name of signee

Filing Fee: \$25.00