121000186363

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(0.1), 2.11.11.2.15.1.1
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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21 JUN 21 AN 10: 31

COVER LETTER

TO:

TO: Registration Solivision of Co				
KHM Bar-	B-Q, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	David Stadtmiller			
		Name of Person		
	Woody's Bar-B-Q Holding	gs Inc.		
		Firm/Company		
	4745 Sutton Court Park St	uite 301		
		Address		
	Jacksonville, FL 32224			
	1	City/State and Zip Code		
	david@woodys.com E-mail address: (to be used for future annual report notif	tication)	
For further information c	concerning this matter, please c	all:		
David Stadtmiller		904 5095250 at ()		
Name o	of Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for t	he 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 Registration	Section	Street Address: Registration Sec		
Division of Corporations P.O. Box 6327		•	Division of Corporations The Centre of Tallahassee	
Tallahassee,			e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

And table to the state of

KHM Bar-B-Q, LLC

company has been notified in writing of this change.

21 JUN 21 AH 10: 31

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

Florida document number L21000186363			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi"	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1301 North Orange Ave #103		
(Principal office address MUST BE A STREET ADDRESS)	Green Cove Springs, F	L 32043	
		<u> </u>	
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	address on our records	s, enter the name of the new registere	
agent and/or the new registered office address here:			
Name of New Registered Agent:			
Name of New Registered Agent: New Registered Office Address:	Estar El millo de	at a University	
	Enter Florida stre		
	City	et address, Florida Zip Code	

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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		LALLON COUNTY OF THE ME	
<u>Title</u>	<u>Name</u>	Address 1 JUN 21 AH 10: 31	Type of Action
AMBR	Yolanda H Mills	100 Kingtisher Drive	
		Ponte Vedra Beach, FL 32082	□Remove
			■ Change
AMBR	James W Mills	101 Cannon Court	≣ Add
		Ponte Vedra Beach, FL 32082	□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			🗆 Add
			□ Remove
			Change
			🗖 Add
			□Remove
			□ Change

C	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	21 JUN 21 AH 10: 31	
		<u></u>
(If an effective date i Note: If the date	if other than the date of filing:	nt to 605,0207 (3)(b t be listed as the
the record specifies ecord is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d	lay after the
Dated	5 ignature of a member or authorized representative of a member	
	/Signature of a member or authorized representative of a member	
	Volanda Mills Typed or printed name of signee	