## 121000 208444

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

	ration Sei n of Corp	ction porations		
	ONITA FO	OODS LLC		
SUBJECT:		Name of Lim	ited Liability Company	<del></del>
The enclosed Ai	rticles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all	correspo	ndence concerning this matter	to the following:	
		MELISSA WASNO		
			Name of Person	
		<del></del>	Firm/Company	<del></del>
		189 TOPANGA DRIVE		
			Address	
		BONITA SPRINGS, FL 34	1134	
		melissawasno@gmail.com	City/State and Zip Code	
For further info	rmation co	e-mail address: (i oncerning this matter, please ea	to be used for future annual report no all:	tilication)
MELISSA WA	SNO		239 289-1580	
	Name of	Person	at () Area Code Daytii	me Telephone Number
Enclosed is a ch	eck for th	e following amount:		
<b>\$25.00</b> Filir	ng 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)
	g Addres		Street Address:	
	tration S ion of C	Section orporations	Registration S Division of Co	
	30x 632		The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liahi (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liability	Company were filed on 05/04/2021	and assigned
Florida document number L21000208444	:	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
BIG ROD'S BBQ LLC		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		e of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	<u>=</u>
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	complete performance of my duties, and I am j agent as provided for in Chapter 605, F.S. Or, red office address, I hereby confirm that the lit	familiar <b>W</b> ith and if this document is
	If Changing Registered Agent, Signature of New Re	gistered 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	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			□ Change
		□ Add	
		□Remove	
			□Change
		□Add	
		□Remove	
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E ffoot	ive data if other than the data of filing:  (antional)
Note:	ive date, if other than the date of filing:
e reco	rd 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.
Dated	OCTOBER 26 2021
	Signature of a member or authorized representative of a member
	MELISSA WASNO

Filing Fee: \$25.00