

L21 000 276 364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

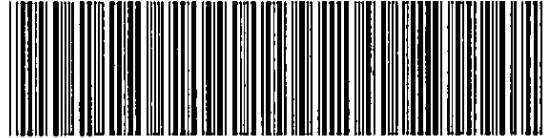
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 JAN 20 AM 10:42

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Potbelly BBQ Grill Rentals 12 11 8:04  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott Hudson

Name of Person

Firm/Company

6144 Adriatic Way

Address

Greenacres FL 33413

City/State and Zip Code

earlybee69@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Hudson

Name of Person

at (561)

Area Code

293-5331

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:**

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

**Street Address:**

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

Potbelly BBQ Grill Rentals LLC

(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 6/14/2021 and assigned  
Florida document number L2100276364.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Potbelly BBQ Grill LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Scott Hudson

New Registered Office Address:

6144 Adriatic Way

Enter Florida street address

Greenacres

City

Florida

33413

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.

Scott Hudson  
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>	<u>Type of Action</u>
<del>VP</del>	Sheneeka Williams	6144 Adriatic Way	<input checked="" type="checkbox"/> Add
		Greenacres Fl. 33413	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Skirelle Hudson	6144 Adriatic Way	<input type="checkbox"/> Add
		Greenacres Fl. 33413	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Scott Hudson	6144 Adriatic Way	<input checked="" type="checkbox"/> Add
		Greenacres Fl. 33413	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2021 JAN 26 AM 10:42  
2021 NOV 9 PM 3:26

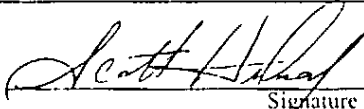
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated November 8, 2021



Signature of a member or authorized representative of a member

SCOTT HUDSON

Typed or printed name of signee