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COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: All Ploride Grillin Name of Lin	e Out door Vitch	ens uc
The enclosed Articles of Amendment and fee(s) are sub-	bmitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Donald	C) Corno Name of Person	
All Horida	Grilling Outdoor \ Firm/Company	<u> Citchers</u>
127 16	Address	
Cowa	PL 32922 City/State and Zip Code	
E-mail address:	(to be used for future annual report notif	ication)
For further information concerning this matter, please c	eall:	
Delise blus	at (324) 458-	2537
Name of Person	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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All Floride Grilling Outdoor Kitchens LLC

(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compan	y were filed on <u>المحمل الم</u> and assigned
Florida document number L21000278794.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
All Placed Grilling Outdoor Kit	chens & Stone LLC
The new name must be distinguishable and contain the words "Limited Liab	bility 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 agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent:	dd L& Connor
New Registered Office Address:	Enter Florida street address
	, Florida
-	City 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.

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>	Address	Type of Action
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			□ Remove
			Change
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ecord specifies a c	delayed effective date.	but not an effecti	ve time, at 12:01	a.m. on the earlie	r of: (b) The 9	90th day after the
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ated Dugi	Signat	ure of a member or	authorized represer	ntative of a member		