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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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TARETARY SESTILE

TO: Registration Section **Division of Corporations** DRAG ME TO BRUNCH BAY COUNTY FLORIDA LLC SUBJECT: 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: ROBERT L SHARP JR Name of Person DRAG ME TO BRUNCH BAY COUNTY FLORIDA LLC Firm/Company 1804 CINCINNATI AVE Address PANAMA CITY, FL 32405 City/State and Zip Code Robonificus76@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROBERT L. SHARP JR 850-276-8452 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, **■** \$25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (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

DRAG ME TO BRUNCH BAY COU			<u> </u>		
(Name of the Limited)	<u>Liability Compa</u> Florida Limited I	ny as it now appears (Liability Company)	on our records.)		
The Articles of Organization for this Limited Liab	ility Company	were filed on 07/00	6/2021	and assigned	
his amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	e limited liab	ility company her	<u>e</u> :		
The new name must be distinguishable and contain the word	s "Limited Liabil	ity Company," the des	ignation "LLC" or the abb	previation "L.L.C."	
Enter new principal offices address, if applicable	le:	1804 CINCINNATI AVE			
(Principal office address MUST BE A STREET ADDRES		PANAMA CITY, FL 32405			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO				2023 JAH 20	
3. If amending the registered agent and/or regigent and/or the new registered office address between the control of the new registered office address between the control of the contro		nddress on our rec	ords, enter the name	of the new regi	
Name of New Registered Agent:	ROBERT L SH	ARP JR		in O	
New Registered Office Address:	1804 CINCINN		la street address		
	PANAMA CIT		Florida 324	n <u>s</u>	

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.

City

Robert L Shang Ir
If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
AMBR	JULIE A KOSS	2402 MICHIGAN AVE PANAMA CITY FL 32405	□ Add
			■Remove
			Change
AMBR	JASON R KOSS	2402 MICHIGAN AVE PANAMA CITY FL 32405	
			🖩 Remove
			<u>Car</u>
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing. If the date inserted in this block does not meet the applicable statutory.	g or more than 90 days after filing.) Pursuant to 605.0
iment's effective date on the Department of State's records.	y ming requirements, this date will not be listed
ord specifies a delayed effective date, but not an effective time, at 12:01 filed.	a.m. on the earlier of: (b) The 90th day after
Robert L Sharp M. Signature of a member of authorized represent	
m / / / / /	