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		ited Liability Company	
O: Registration Section Division of Corporations  Holy Smoke BarbeQue LLC  Name of Limited Liability Company  he enclosed Articles of Amendment and fee(s) are submitted for filing.  lease return all correspondence concerning this matter to the following:    Marcus D Hill			
orrespor	ndence concerning this matter	to the following:	
	Marcus D Hill		
		Name of Person	
	Holy Smoke BarbeQue	Name of Limited Liability Company  adment and fee(s) are submitted for filing.  the concerning this matter to the following:  that the concerning this matter to the following:  Address  Address  Concerning this matter to the following:  Firm/Company  78 Ogram st  Address  Concerning this matter to the following:  City/State and Zip Code  Hoil+1@gmail.com  E-mail address: (to be used for future annual report notification)  ning this matter, please call:  at (	
	-	Firm/Company	ing Fee & S60.00 Filing Fee. Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Street Address: Registration Section Division of Corporations
Holy Smoke BarbeQue LLC  Name of Limited Liability Company  ed Articles of Amendment and fee(s) are submitted for filing.  rn all correspondence concerning this matter to the following:  Marcus D Hill  Name of Person  Holy Smoke BarbeQue  Firm/Company  578 Ogram st  Address  Jacksonville F1 32204  City/State and Zip Code  drilloil41@gmail.com  F-nuil address: (to be used for future annual report notification)  information concerning this matter, please call:  Hill  Name of Person  Area Code  Daytime Telephone Number  s a check for the following amount:  Pfiling Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Lailing Address: egistration Section  Registration Section			
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	eles of Appression of Contraction of	Smoke BarbeQue LLC  Name of Lim  Peles of Amendment and fee(s) are substrespondence concerning this matter  Marcus D Hill  Holy Smoke BarbeQue  578 Ogram st  Jacksonville F1 32204  drilloil41@gmail.com  E-mail address: (attion concerning this matter, please cannot be following amount:  Fee S30.00 Filing Fee & Certificate of Status  Address:  attion Section  n of Corporations	Smoke BarbeQue LLC  Name of Limited Liability Company  Cles of Amendment and fee(s) are submitted for filing.  Depression of Person  Holy Smoke BarbeQue  Firm/Company  578 Ogram st  Address  Jacksonville F1 32204  City/State and Zip Code  drilloil41@gmail.com  E-mail address: (to be used for future annual report not attion concerning this matter, please call:  Name of Person  Area Code  Dayti  Address:  K for the following amount:  Fee S30.00 Filing Fee & Certified Copy (additional copy is enclosed)  Address:  attion Section  Registration S  Division of Corporations  Press of Amendment and fee(s) are submitted for filing.  Name of Person  Street Address:  Registration S  Division of Corporations

Tallahassee, FL 32303

O:

## ARTICLES OF ORGANIZATION OF

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Holy Smoke BarbeQue LLC

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

he Articles of Organization for this Limited Liability Compa	any were filed on Septen	nber 8 2021	and assigned
lorida document number 121000398272			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited li	iability company here:		
ne new name must be distinguishable and contain the words "Limited Li	ability Company," the design	nation "LLC" or the abbr	eviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS			
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
. If amending the registered agent and/or registered offic	es address on our rocos	rde antar the name	of the way wagiston
zent and/or the new registered office address here:	te address on our recor	rus, enter the name	of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida s	street address	
		, Florida	
	City	, i ivitua	Zip Code
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## ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions 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 ging filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability ampany has been notified in writing of this change.

$     IGR = M \\     MBR = A $	lanager uthorized Member	Address 21 SEF 27 PM 1: 13	
<u>itle</u>	<u>Name</u>	Address 21 SEF 27 FT	Type of Action
MBR	Marcus D Hill	578 Ogram st Jacksonville FL 32204	■Add
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ctive date, if other than the date effective date is listed, the date must be at lift the date inserted in this block iment's effective date on the Deparation.	specific and cannot be prior to does not meet the applicab	date of filing or more than le statutory filing requir	(optional) 90 days after filing.) ements, this date v	Pursuant to 605.020 vill not be listed a
ord specifies a delayed effective defiled.	te, but not an effective time	e, at 12:01 a.m. on the ea	arlier of: (b) The	90th day after the
d	2021			
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	nature of a member or authori:	red representative of a second	hor	

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