

L21000531934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

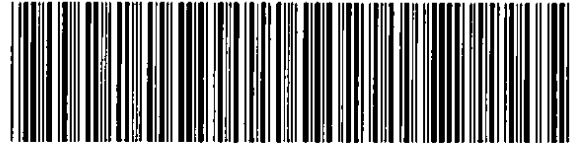
(Business Entity Name)

(Document Number)

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

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LLC N/C Amendments

05/18/23--01017--030 \*\*25.00

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TALLAHASSEE, FLORIDA

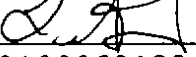
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A. RAMSEY  
JUL - 5 2023

FILED  
2023 JUN 30 AM 11:47  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from account: 120210000160: \$ PAID, see attached

Authorization Signature:   
YOLOKBBQ, LLC L21000531934  
Business DOC#

\_\_\_\_\_ Certified Copy

\_\_\_\_\_ Certificate of Status

**NEW FILINGS**

- \_\_\_ Profit Corp
- \_\_\_ Not for Profit
- \_\_\_ Officer/Director
- \_\_\_ Limited Liability
- \_\_\_ Domestication
- \_\_\_ **CORP**
- \_\_\_ **LLLP**
- \_\_\_ **Register Trust**

**OTHER FILINGS**

- Trademark**
- \_\_\_ Annual Report
- \_\_\_ Fictitious Name
- APOSTILL**
- \_\_\_\_\_ COUNTRY

**AMENDMENTS**

- X** Amendment
- \_\_\_ Resignation of R.A. or member
- \_\_\_ Dissolution
- \_\_\_ Change of Registered Agent
- \_\_\_ Dissociation or Resignation of Member
- \_\_\_ **Conversion**
- \_\_\_ **Amended and restated Articles**
- \_\_\_ **Statement of Revocation**

**REGISTRATION/QUALIFICATIONS**

- \_\_\_ Foreign filing
- \_\_\_ Limited Partnership
- \_\_\_ Reinstatement
- \_\_\_ Other
- \_\_\_\_\_

**EXAMINER'S INITIALS:** \_\_\_\_\_



**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

2023 JUN 30 AM 11:47

YOLOKBBQ, 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 12/20/2021 and assigned Florida document number L21000531934.

This amendment is submitted to amend the following:

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

HALLYU KOREAN BBQ, 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)**

N/A - SAME  
6800 N. UNIVERSITY DRIVE  
TAMARAC, FL 33321

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

N/A - SAME  
7 FORT ROYAL ISLE  
FT. LAUDERDALE, FL 33308

**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: \_\_\_\_\_

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 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

NO CHANGE

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

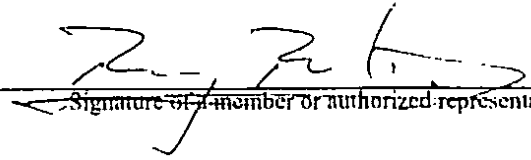
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 May 16, 2023



Signature of a member or authorized representative of a member

RAY PARK

Typed or printed name of signee