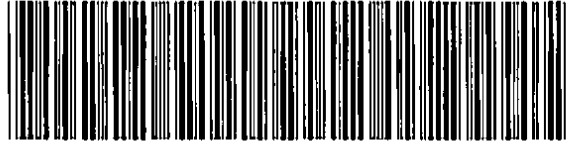


L22000005832



200379518432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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(Business Entity Name)

(Document Number)

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2022 JAN 12 PM 2:07

2022 JAN 12 PM 2:21

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Roadside Chill & Grill
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:

Penny Fielding
Name of Person
Roadside Chill and Grill
Firm/Company
42 Pine Trace Run
Address
Ocala, FL 34472
City/State and Zip Code
roadsidechillandgrill@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Penny Fielding at (352) 999-1971
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 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**

Roadside Chill and Grill, 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 December 28, 2021 and assigned Florida document number L22000005832.

This amendment is submitted to amend the following:

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

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)

FILED
2022 JAN 12 PM 2:21

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

City Florida _____

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	Penny Fielding	42 Pine Trace Run	<input checked="" type="checkbox"/> Add
		Ocala, FL 34472	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Aliyah G. Lelievre	42 Pine Trace Run	<input checked="" type="checkbox"/> Add
		Ocala, FL 34472	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kenan K. Mercius	42 Pine Trace Run	<input checked="" type="checkbox"/> Add
		Ocala, FL 34472	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Manager/
 AMBR

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

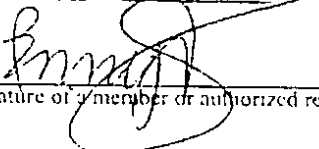
Penny Fielding is the owner of the company.

E. Effective date, if other than the date of filing: January 01, 2022. (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 1-11- 2022



Signature of a member or authorized representative of a member

Penny Fielding

Typed or printed name of signer

Filing Fee: \$25.00