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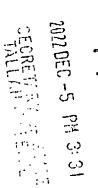
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	S CAFE LLC		. •
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GERALD CHRISTIAN J	SR	
		Name of Person	
	BIG MAN'S CAFE LLC		
		Firm/Company	
	11215 SW 50TH AVE		2022 DEC SECRET
		Address	
	OCALA, FL 34476		-5 T
		City/State and Zip Code	
	DJ_VENAD@YAHOO.CO	DM to be used for future annual report noti	<u>ී.</u> ප්
For further information c	oncerning this matter, please c	•	incation)
JERALD J CHRISTIAN	SR	352 3555411	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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		Street Address: Registration Se	etion
Registration S Division of C		Division of Co	
P.O. Box 632	2.7	The Centre of T	Tallahassee
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIG	MA	NS	CA	FF	LE	C

(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 05/24/2022 and assigned

Florida document number L22000240729

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 "LLC."

Enter new principal offices address, if applicable: 1009/1011 NE 14TH ST

OCALA, FL 34470

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

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
AR	GERON J CHRISTIAN SR	11215 SW 50TH AVE	□Add
		OCALA, FL 34476	■Remove
			□ Change
			BECRE Gemove
			CRETAN GENange
			□Remove
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ffective date, if other than an effective date is listed, the date Note: If the date inserted in thi ocument's effective date on the	must be specific and s block does not a	d cannot be prior to meet the applical			r filing.) Pursua	
record specifies a delayed effed is filed.	ctive date, but no	t an effective tim	e, at 12:01 a.m. c	on the earlier of: (b) The 90th	day after the
Pated		, 2022	<u>.</u>			
7						

Filing Fee: \$25.00