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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: LIT	TLE RED'S (CHICKEN & B	BQ LLC
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Christop	her Brittain Name of Person	
	Little Rea	H's Chicken &	BBQ
	5457 Di	antha Way	2023 FEB SELVED TROLD
	Brooks	City/State and Zip Code	۶۵ کور پیران کور
	Chrish E-mail address: (rittain 84 @ 910 to be used for future annual report notifice	vail. com
For further information co	ncerning this matter, please ca	all:	
Christe	opher Britta	บก _{ลเ} 5 13, 384	000
Name of	Person		Telephone Number
Enclosed is a check for the	e 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 S		<u>Street Address:</u> Registration Sect	ion
Division of Co	orporations	Division of Corp	orations
P.O. Box 6327 Tallahassee, F		The Centre of Ta 2415 N. Monroe	
rananassee, r	L 76317	2413 IN, MORIOC	Succi, Suite of the

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LITTLE RED'S CHICKEN & BBQ LLC

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

The Articles of Organization for this Limited Liability		1/2023 and assigned
Florida document number <u>L3300007</u>	ا ۵ <u>۵ک</u>	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "I	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 AD	DRESS)	
		2027 F
		FB
Enter new mailing address, if applicable:	-0-Life	
(Mailing address MAY BE A POST OFFICE BOX)		
		La
B. If amending the registered agent and/or registe agent and/or the new registered office address here		ter the name of the new registered
Name of New Registered Agent:	····	
New Registered Office Address:	Enter Florida street ad	- Inner
	ismer i tortaa street da	
_	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.

27/20/2023

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>	Name	Address	Type of Action
AMBR	Bruce, Amber	5457 Diantha Way	
		5457 Diantha Way Brooksville F13460	⊟Remove
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i effective date	is listed, the date	the date of file must be specific	and cannot be			than 90 days				
		is block does no 10 Department o			utory filing r	equirements.	this date w	vill no	t be lis	ted a
cord specifie is filed.	s a delayed effe	ective date, but r	not an effecti	ive time, at 1	2:01 a.m. on	the earlier of	i: (b) The	90th	day afte	er the
ted	Feb	23	Z03	23						
	Ch	23	ar B	flan	presentative of	a member				
	0-	Signathre of	i a member or	authorized rep	nescinative of	a memoer				

Filing Fee: \$25.00