

L23 000 198 671

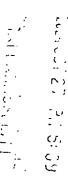
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09/12/24--01014--002 **50.00



COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Johns	BBQ LLC	
	v_	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Ra	LIBN H JONES 1	11
	Jai	rs bba LC	
		Firm/Company	
	250	SE 1544hAVC Address	
		Address	<u> </u>
	_ old t	OUN, RIVINGA 3 City/State and Zip Code	2680
	E-mail address: (at 70 @ gmail com	fication)
For further information of	concerning this matter, please c	all:	
Dalw	laises	253 . 710-	52 (0)
Name	of Person	at (352) 210- Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632 Tallahassee,	•	The Centre of T 2415 N. Monro	allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jones BBG	LLC
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L23000 198671</u> .	ere filed on 4. 21-2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty 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)	(ps
Enter new mailing address, if applicable:	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
R If amending the registered egent and/our released age.	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the name of the new registered
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 provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and pointed for in Chapter 605, F.S. Or, if this document is

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>	Address	Type of Action
AMBR	Jones BBQ	250 SE 1544 AVC.	□Add
		Old Town, FL.32680	Remove
			□Change
AMBR	Jones, Ralph H, 111	250 SE 154th Ave.	
		Old Town, FL. 32480	□Remove
			□ Change
			
			□Remove
			□ Change
			□Remove
			Change
			□ Add
			□Remove
			Change
			□ Remove
			□Change

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Effective :	late if other than (the date of fili	na.		(ent	ional)	
Note: If the	e date is listed, the date is le date inserted in this seffective date on the	s block does not	t meet the applic	able statutory filing	ore than 90 days after grequirements, th	ional) or filing.) Pursuant to 605. is date will not be liste	.0207 ed as
	cifies a delayed effec	ctive date, but n	ot an effective ti	me, at 12:01 a.m. (on the earlier of: (b) The 90th day after	the
ne record sp ord is filed.							
ne record spord is filed. Dated	10-22-24		-	_· .			
ord is filed.	10-22-24	Signature of	Rull a member or author	orized representative	- / [/ of a member		

Filing Fee: \$25.00