L23000400668

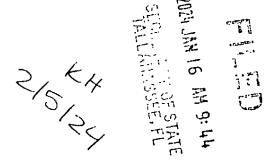
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PICK-UP WAIT MAIL	
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COVER LETTER

Division of Cor	porations			
SUBJECT: Lule	15 BBQ 4 Grill	nited 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:		
	Mai	Name of Person		
	Lui	US BBO 4 Grill, LL Firm/Company	С	
		Sugar wood St.		
		Enport, FL, 3383 City/State and Zip Code and dellon @ correction be used for future annual report	etmail:com	2024
For further information c	E-mail address: (oncerning this matter, please c	ali:	notification)	2024 JAN 16 AH 9: 44
Marilou Name o	Loyzaga Person	at (<u>407</u>) <u>159</u> Area Code Da	ytime Telephone Number	M 9: 44
Enclosed is a check for the	ne following amount:			•
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc	
Mailing 4 dduoo		Sa A J.J	_	

Mailing Address: Registration Section

TO:

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**

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000400668</u> .	were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Yunny Lau, LC The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1160 Sugarwood St
(Principal office address MUST BE A STREET ADDRESS)	_ Davenport, FL _38887
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	Davenport, FI 30 5 77
B. If amending the registered agent and/or registered office a	0
agent and/or the new registered office address here:	9: 4. F. F. F
Name of New Registered Agent:	· m +
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 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 _ 🗆 Remove □Remove _____ □Change _____ 🗆 🗀 Add _ 🗆 Remove _____ Change ______Add

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_		9: 45 STA	_
(It an eff	ive date, if other than the date of filing: 12/28/2023 (optientive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date inserted in this block does not meet the applicable statutory filing requirements, the ent's effective date on the Department of State's records.	ional) er filing.) Pursuant to 6 is date will not be l	05.0207 (3 isted as th
he recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (ed.	b) The 90th day af	ter the
Dated	12/28/2023 Houzagn		
	Signature of anticmber or authorized representative of a member		
	. () () 1)		

Filing Fee: \$25.00