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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: WOODY'S BAR-	B-Q I, INC.			
DOCUMENT NUM		·- <u>-</u>			
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	Yolanda Mills				
		Name of Contact Person	1		
	WOODY'S BAR-B-Q I, INC	D.			
		Firm/ Company			
	4745 Sutton Park Court, S				
		Address			
	Jacksonville, FL 32224				
	,	City/ State and Zip Cod	e		
yolaı	nda@woodysbarbq.com				
<u>·</u>		sed for future annual report	notification)		
For further information	n concerning this matter, pleas	se call:			
Yolanda Mills		904 at (992-0556		
Name	of Contact Person	Area Code & Daytime Tele, hone No			
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations		Ameno Divisio	Address Iment Section on of Corporations		
P.O. Box 6327 Tallabassee, FL 32314			Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

WOODY'S BAR-B-Q I, INC.

Name of Corneration	as currently filed with the Florida Dept. of State)
\$65234	as currently fried with the Florida Dept. of State
	t Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statists Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:
	The new
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp," ' word "chartered," "professional association," or the abb	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u> </u>
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BON</u>)	FILED SECRETARY OF S SECRETARY OF S SECRETARY OF S
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I at	
Signatu	re of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) X Change	PTD	Yolanda Mills	100 KINGFISHER DRIVE
Add			Ponte Vedra Beach, FL
Remove			32082
2) <u>x</u> Change	С	James W Mills, Jr	101 Cannon Court
Add			Ponte Vedra Beach, FL
Remove			32082
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Art Attach additional sheets, if necessary).	(Be specific)				
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		<u> </u>			
f an amendment provides for an exc	hange reclassificat	ion, or cancellati	on of issued sh	ares.	
provisions for implementing the amo	endment if not cont	ained in the ame	ndment itself:	<u></u> <u>-</u>	
(if not applicable, indicate N/A)					
	<u> </u>				
			· · ·		
		7 - 80			

	3/30/2018	
The date of each amendment(s	adoption:	, if other than th
date this document was signed."	(0.00.00.00	
3 Effective date <u>if applicable</u> :	/30/2018	
Enterive date <u>it appreciate</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, the Department of State's records.	is date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amenda sufficient for approval.	ient(s)
	approved by the shareholders through voting groups. The following sta- for each voting group entitled to vote separately on the amendment(s).	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and share	holder
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and sharehold	er
6/14/20	8	
Dated Signature	4N Nis	
(By	a director, president or other officer – if directors or officers have not leted, by an incorporator – if in the hands of a receiver, trustee, or other ointed fiduciary by that fiduciary)	
	Yolanda Mills	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	