## L18000091789

(Re	questor's Name)	<u>.                                    </u>
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(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	





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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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## **COVER LETTER**

	Registration Se Division of Cor			
CUB IE		'S HAPPY MEALS LLC		
SUBJEC	-1;	Name of Limi	ted Liability Company	<del></del>
The encl	osed Articles of	Amendment and fee(s) are subr	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter t	to the following:	
		PAUL JASINSKI		
			Name of Person	
		USAOLL GROUP LLC		
			Firm/Company	
		5960 NW 99 AVE UNIT 3		
			Address	
		DORAL, FL 33178		
		MC@USAOLL.COM	City/State and Zip Code	<u>.</u>
			to be used for future annual report notific	cation)
For furth	ner information co	oncerning this matter, please ca	all:	
PAUL J	ASINSKI		305 718 9600 x 21	3
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	d is a check for th	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:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONCHY'S HAPPY MEALS LLC	
(Name of the Limited Liability Compa (A Florida Limited L	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L18000091789	y were filed on 4/11/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	bility company here:
The new name must be distinguishable and contain the words "Limited Liabil	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	ALL
(Principal office address MUST BE A STREET ADDRESS)	ARE 30 H
	27
	7 TP
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
N D	<b>.</b>

## 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 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
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		DORAL FL 33178	☐ Remove
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Filing Fee: \$25.00