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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE ONVISION OF CORPORATIONS

N COOPER MAY 1 5 2018

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CONCHY'S HAPPY MEALS LLC | | |
|--|---|-----------------------|
| (Name of the Limited Liability Compa (A Florida Limited | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number L18000091789 | were filed on APRIL 11, 2018 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | pility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | ility 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) | | - 2 |
| Enter new mailing address, if applicable: | <u> </u> | SECRETARY ISION OF C |
| (Mailing address MAY BE A POST OFFICE BOX) | 17 m 1 m 1 m | |
| B. If amending the registered agent and/or registered o | | RATIONS |
| registered agent and/or the new registered office address her | <u>e</u> : | The name of the he- |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| , | Enter Florida street address | |
| | , Fiorida _ | · |
| | 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 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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Typed or printed name of signee

Filing Fee: \$25.00