# L14000101749

(Re	equestor's Name)	<del>-</del>
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T. BROWN

# COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

# CJS KFC CLEARWATER. LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

## **CARMEN RAMOS**

Name of Person

# MELAND RUSSIN & BUDWICK, P.A.

Firm/Company

200 S. BISCAYNE BLVD., SUITE 3200

Address

MIAMI, FL 33131

City/State and Zip Code

cramos@melandrussin.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

### CARMEN RAMOS

<sub>...</sub>305<sub>\</sub>358-6363

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

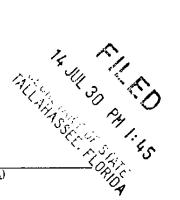
#### **MAILING ADDRESS:**

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



#### CJS KFC CLEARWATER, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Comp	any were filed on JUNE 25, 2014	and assigned
Florida document number L14000101749		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
CJS CLEARWATER, LLC		
The new name must be distinguishable and end with the words "Limited	Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	5)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		-
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		he name of the new
registered agent and/or the new registered orner address	nere.	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = A			The second of Australia
<u>Title</u>	Name	Address	Type of Action
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			□ Remove
			□ Remove
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			☐ Remove

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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. Effect	tive date, if other than the date of filing: ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the dat	te this document is filed by the Florida Department of State)
Dated	JULY 29 // 2014 // /
	The state of the s
	Signature of a member or authorized representative of a member
	MARK S. MELAND
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00