A120000056

(Re	questor's Name)	
_ (Ad	dress)	
. (Ad	ldress)	·
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
- (Bu	ısiness Entity Naı	me)
(Do	ocument Number))
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2015 JUN -4 PN 12: 36
SECRETARY OF STATE
AND ANASSEE, FLORIDA

COVER LETTER

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TO: Registration Section Division of Corporations	
	urant Franchise Goup III, LP
Name of Florida Limited Pa	rtnership or Limited Liability Limited Partnership
The enclosed Certificate of Amendment a	nd fee(s) are submitted for filing.
Please return all correspondence concerni-	ng this matter to:
Anthony Korda Contact Person	
Regional Center Manager	nent
Firm/Company	
5621 Strand Blvd. Suite	202
Address	
Naples. FL. 34110	
City, State and Zip Code	
franchesca@jafrejo.co	m
E-mail address: (to be used for future annual	
For further information concerning this m	atter, please call:
Franchesca Delfino	at (954) 888-6383
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a check for the following amo	unt:
\$52.50 Filing Fee and Certificate of Status	\$105.00 Filing Fee and Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	

FILED

2015 JUN -4 PM 12: 36

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

SECRETARY OF	FS	ľΑ	ΤE
TALLAHASSEE,	FL	ÖR	(DA

Florida Restaurant	Franchise Group III, LP
Insert name currently on file	le with Florida Department of State
Febraury 1, 2012 , assigned Flor	icate was filed with the Florida Department of State on orida document number A1200000056
adopts the following certificate of amendment to i	its certificate of limited partnership.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the linere:	limited partnership or limited liability limited partnership
New name must be distinguished	hable and contain an acceptable suffix.
Acceptable Limited Partnership suffixes: Limited Partnershi Acceptable Limited Liability Limited Partnership suffixes: L	
B. If amending mailing address and/or princip principal office address here:	pal office address, <u>enter new mailing address and/or</u>
New Principal Office Address:	
(Must be STREET address)	
New Mailing Address: (May be post office box)	
C. If amending the registered agent and/or registerew registered agent and/or the new registered office	ered office address on our records, enter the name of the ce address here:
Name of New Registered Agent:	•
New Registered Office Address:	Enter Florida street address
	Enter r tortaa street adaress
	, Florida City Zip Code
	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.

If Changing Registered Agent, Signature of New Registered Agent

<u>itle</u>	<u>Name</u>	Address	Type of Action
<u>P_</u>	JBH Business Managem Management, Tuc,	2149 North Commerce Pky Weston, FL. 33326	▲ Add Remove
<u>P</u>	Regional Center Manage Management, UC	5621 Strand Blvd Suite 202 Naples, FL. 34110	Add Remove
			Add Remove
			Add Remove
			Add Remove
			☐Add ☐Remove

(NOTE: If adding or removing" limited liability limited partnership" status, all general partners must sign this amendment.)

This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

		s) here: (Attach additional sheets, if necessary.)	
			-
			_
			_
			_
Effective date, if other than the dat (Effective date cannot be prior to nor mor State.)		late this document is filed by the Florida Department of	- •
Signature(s) of a general partner	or all general partn	ners*:	
(*NOTE: Only one current general partn removing a "limited liability limited partn when adding or removing a "limited liabil	nership" election statemen	document unless the limited partnership is adding or t. Chapter 620, F.S., requires all general partners to sign lection statement.)	1
Anty Lu			~2 2
Anthony Korda	···		등 - 날 ㄱ
Representative for IBH Business M	Management,Inc		
		1949 1949	P2
Signature(s) of all new or dissoci	ating general nartne	er(s), if any	, Ki
Arta L	2	<u></u>	F. 66
Anthony Korda			_
Representative for Regional Center	r Management, LLC		-
			-
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50		