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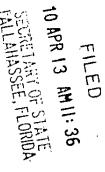
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COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJE		Name of Lim AMERICAN	ited Liability Company CAFES / SomeW	ore on AIA, CLC		
The enclosed Articles of Amendment and fee(s) are submitted for filling.						
	,	idence concerning this matter				
1	lichar	ed Bone	1			
K	lick's K	FMONICHUCE	Name of Person Somewhat Firm/Company	e on AIA, UC		
6	800 NU	135th AUE	 Address			
1	MORRIS	ton FIA.				
		•	City/State and Zip Code			
E-mail address: (to be used for future annual report notification) BoxLoF/AC GMAII COM For further information concerning this matter, please call:						
	Richa Name of	nd L. Bund	_at (362) 278 — Z Area Code & Daytime T	elephone Number		
Enclos	ed is a check for the	e following amount:				
\$25	5.00 Filing Fce	\$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)		
	Registra Divisior P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COURIEF Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
KICK'S AMERICAN CARS, / Somewhere ON ALA. L
(A Florida Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 9/28/2007 and assigned
Florida document number L07000100367
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: RICK'S AMERICAN CAFES, I RICOChet CATILE, L.L. Company many must be distinguishable and end with the words "Limited Liability 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)
NA
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
N/A
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: W/A
Enter Florida street address
, Florida
City Zip Code
New Registered Agent's Signature, if changing Registered Agent;

If Changing Registered Agent, Signature of New 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = M: MGRM = 1	anager Managing Membe	er	
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			☐ Add ☐ Remove
		•	_ Add _ Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	iding any other in	formation, enter change(s) here: (Attach additional sheets, if necessa	ry.)
Dated _ 1.9.20	10 3		FILED 10 APR 13 AM 11: 36 SEUTE LAKE OF STATE TALLAHASSEE, FLORIDA
	· ·	Signature of a member or authorized representative of a member	

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00