## L09000001718

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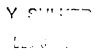
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SECRETARY OF STATE
ALLAHASSEE FI ASIDA



## **COVER LETTER**

TO:		istration Sect sion of Corpo							
CHD ICA		13679 ATLA							
SUBJEC	CI;	Name of Limited Liability Company							
The encl	losed	Articles of A	mendment and fee(s) are subm	itted for filing.					
Please re	eturn	all correspond	lence concerning this matter to	the following:					
			DANIEL K. BEAN, ESQUIRE						
			ABEL BEAN LAW, P.A.	Name of Person	· <u></u>				
			50 N. LAURA STREET, SUIT	Firm/Company E 2500					
			JACSKONVILLE, FL 32202	Address					
			dbean@abelbeanlaw.com	City/State and Zip Code	<del></del>				
			E-mail address: (to	be used for future annual repo	ort notification)				
For furth	er in	formation con	cerning this matter, please call	:					
DANIEL	_ K. E	BEAN, ESQL		904 516-5 at ()					
		Name of P	erson	Area Code I	Daytime Telephone Number				
Enclosed	l is a	check for the	following amount:						
<b>■ \$</b> 25.0	0 <b>0</b> Fi	ling 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:

TO:

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

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(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 Company were filed on JANUARY 9, 2009 and assigned Florida document number \_\_\_\_\_L09000001718 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: DANIEL K. BEAN, ESQUIRE, ABEL BEAN LAW, P.A. Name of New Registered Agent: 50 N. LAURA STREET, SUITE 2500 New Registered Office Address: Enter Florida street address . Florida <u>32202</u> **JACKSONVILLE** 

## 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.

City

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>	Name CLAIRS MORGAN	Address	Type of Action
MGMR	CLAIRE MORGAN	13679 ATLANTIC BLVD	
		JACKSONVILLE, FL 32225	□ Add
		-	Remove
			Change
			Add
		<del></del>	□ Remove
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BY JEREMIAH M. MORGAN AND A FORTY (40%) F	ERCENT INTEREST BY ANTHONY L. MORGAN.
THE MEMBERSHIP INTEREST PRIOR TO THIS AMI	ENDMENT, EFFECTIVE JANUARY 1, 2019, WAS
HELD BY MEMBER, KRYSTAL COMPANIES, LLC F	FILING AS A DISREGARDED ENTITY.
<del></del>	
tive date, if other than the date of filing:	(optional)
If the date inserted in this block does not meet the application of State's records.	to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) able statutory filing requirements, this date will not be listed as the
cord specifies a delayed effective date, but not e 90th day after the record is filed.	t an effective time, at 12:01 a.m. on the earlier of:
Detofer 9 2019	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00