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(Red	questor's Name)	 		
(Add	dress) -			
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SECRETARY OF STATE

J. BRYAN

JUN 1 8 2012

EXAMINIER

COVER LETTER

TO: Registration Sect Division of Corpo	ion orations			
SUBJECT:	CHICKEN KITCH	HEN GOLD COAST	LLC	
	Name of Lim	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are su	bmitted for filing.		
Please return all correspond	dence concerning this matte	r to the following:		
		ELI POLER		_
		Name of Person	,	· ·
	(CK Oakland Park LLC		2012 JUN 15 PM 1: 31 SECRETARY OF STATE SECRETARY OF STATE
		Firm/Company		到生产
	7501	N KENDALL DR, #FC	13	JUN 15 PA
		Address		
		MIAMI, FL 33156		FORTE
	•	City/State and Zip Code		7
	E-mail address:	(to be used for future annual report	notification)	
For further information con	ncerning this matter, please	call:		
EL	I POLER	at (786)	443-8403	
Name of I	Person		aytime Telephone Numb	er
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 enc	Certific losed) Certific	riling Fee, cate of Status & ed Copy onal copy is enclosed)
MAILIN	NG ADDRESS:	STREET/CO	URIER ADDRESS:	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHICKEN KITC	HEN GOLD COA	AST LLC	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now apper Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability C	ompany were filed on	05-17-2012	and assigned
Florida document numberL12000067022	<u></u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company h	ere:	
CK OAH	(LAND PARK LLC		
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Com	pany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	N/A - no ch	ange	ESS ES
(Principal office address MUST BE A STREET ADDR	RESS)		量 =
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A - no ch	ange	THRY OF STATE
	ress here: no change no change	our records, <u>enter</u>	
		, Florida _	
	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 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 Changing Registered Agent, Signature of New Registered Agent

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:

	Name	Address	Type of Action
-		N/A - no change	Add Remove
_			Damouo
_			_ ~
	·		□ D
			Remove
	A no change	change(s) here: (Attach additional sheets, if	Checessar LAHASSHE, FI
			PH ::
_			
	Lune 1Z	2012.	
	L	Z017 Ale a Manager Tember or authorized representative of a membe	

Page 2 of 2

Filing Fee: \$25.00