L13000051538

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer: Wrong form Werpaid \$100				
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SECRETARY OF STATE

SECRETARY OF STATE STATE SECRETARY OF CORPORATION OF CORPORATION

JUN 19 2015

& MASON



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 8, 2015

AGNES CHAU 716 E. COLONIAL DRIVE ORLANDO, FL 32803

SUBJECT: CHICKEN NOW INTERNATIONAL, LLC

Ref. Number: L13000051538

We have received your document for CHICKEN NOW INTERNATIONAL, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC., but your entity is a LIMITED LIABILITY COMPANY - LLC.. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 115A00011958

SECRETARY OF STATE

DIVISION OF CORPORATION:

COVER LETTER

10.	Division of Cor					
SURIF	СТ:	Chicken No	w International, LLC			
30000						
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please r	eturn all correspo	ondence concerning this matter	to the following:			
		Agnes Chau				
Name of Person						
	Law Offices of Agnes Chau, P.A.					
Firm/Company						
716 E. Colonial Drive						
Address						
Orlando, FL 32803						
	City/State and Zip Code amc@agneschaulawfirm.com					
			on to be used for future annual report notif	ication)		
For furt	her information c	oncerning this matter, please ca	all:			
Agnes Chau			407 648-0880 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclose	ed is a check for the	ne following amount:				
	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status a Copy copy is enclose	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce	ary of State Ssee, Floridy	10H 18 AM 10:5		

Tallahassee, FL 32301

FILEU SECRETARY OF STATE IVISION OF CORPORATIONS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	Chicken Now Inte			
\ <u></u>	(A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited L Florida document number L13000051538	iability Company	were filed on 4/8/2013	and assigned	
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	8001 S. Orange Blossom Trial		
(Principal office address MUST BE A STREET ADDRESS)		FC06		
		Orlando, FL 32809		
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	POV)			
B. If amending the registered agent and registered agent and/or the new registered of			the name of the new	
Name of New Registered Agent: N/A				
New Registered Office Address:	N/A			
- Isan ess.	Enter Florida street address			
		, Florida		
		City	Zip Code	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registeng filed to merely reflect a change in the company has been notified in writing of this	ver ana complete istered agent as p registered office	performance of my auties, and 1 am provided for in Chapter 605, F.S. Or	是	
	If Chai	nging Registered Agent, Signature of New R	egistered 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	Address	Type of Action
N/A			□ Add
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
		 	🗖 Add
			☐ Remove
	<u></u>		
			Remove
			Change
			Add
			SECRETARY OF STATE DIVISION OF CORPORATIONS SECRETARY OF STATE SECRETARY OF STATE JAILAHASSEE, FLORIDA
		-	OR STATE OR STATE FLOAD REMAND AND AND AND AND AND AND AND AND AND
			□ Change

Filing Fee: \$25.00