# 1300058508

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2013 AUG 30 PH 12: 31
SECRETARY OF STATE
TALL MIASSEE, FLORIDA

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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUB IFCT

Florida Chicken Enterprises, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

## **Charles Cooper**

Name of Person

### Florida Chicken Enterprises, LLC

Firm/Company

1270 North Eglin Parkway, Suite C-14

Address

Shalimar, FL 32579

City/State and Zip Code

amanda.mcardle@famousforchicken.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Charles Cooper** 

<u>,,</u>850、344-1130

Name of Person

Area Code & Daytime Telephone Number

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 enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

FILED

2013 AUG 30 PH 12: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Chicken Enterpri (Name of the Limited (A		y as it now appear ability Company)	rs on our records.)	
The Articles of Organization for this Limited Lie Florida document number L13000058508	ability Company	were filed on <u>04</u>	22/2013	_ and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company her	<u>e</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Compa	ny," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		1270 North E	Eglin Parkway, Suit	e C-14
		Shalimar, FL 32579		
Enter new mailing address, if applicable:	1270 North Eglin Parkway, Suite C-14			
(Mailing address MAY BE A POST OFFICE BOX)		Shalimar, FL	32579	
B. If amending the registered agent and/or registered agent and/or the new registered off			our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:	Richard H. Powell, Esq.			
New Registered Office Address:	92 Eglin Pa	92 Eglin Parkway, NE		
			ter Florida street addre	
	Fort Walton		, Florida <u>325</u>	48
		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:

MGR = Ma MGRM = 1	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Remove
			Remove
	<del></del>		Add
			Remove
			-
			Add
			Remove
			— —
			Remove

If amending any other information, enter change(	s) here: (Attach additional sheets, if necessary.)
ed August 21, 2013	
100	
////	110-
Signature of a member of	or authorized representative of a member
Charles Cooper	U
Typed o	r printed name of signee

Page 3 of 3

Filing Fee: \$25.00

