

L13000092448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

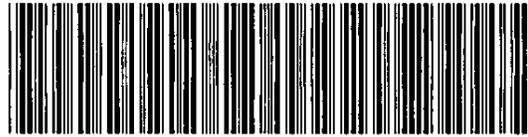
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/21/13--01009--004 **25.00

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DEPARTMENT OF REVENUE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch OCT 22 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chicago chicken and grill 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:

Rashaed Bailey
Name of Person

Chicago chicken and grill
Firm/Company

1325 W Thorpe St Apt 1632
Address

Tallahassee FL 32303
City/State and Zip Code

chicagochickenandgrill@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rashaed Bailey at (773) 655 4553
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**

Chicago chickens and grill LLC

(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 06/27/13 and assigned Florida document number L13000092448

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 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)

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, 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

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TALLAHASSEE, FLORIDA

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:

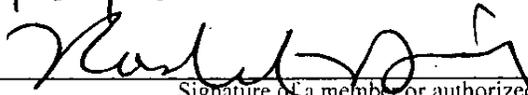
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Lamel collins	1443 Sunset Ave Chicago Heights IL 60411	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Teon Kilgore	400 E 41st 601 south Chicago, IL 60653	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Jordan Little	8712 S. Rockwell Evergreen Park IL 60805	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Rashad Bailey	1325 W Duane St Apt 1632A Tallahassee FL 32303	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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 Add
 Remove
 Add
 Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 10/21/13


Signature of a member or authorized representative of a member

Rashad Bailey
Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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