

L13000092448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

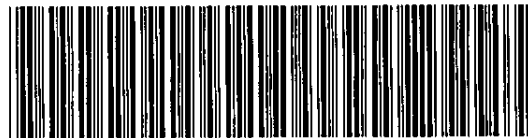
(Business Entity Name)

(Document Number)

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07/01/14--01004--015 **25.00

APPROVED
AND
FILED

14 JUL -1 AM 11:00 RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 JUL -1 AM 10:52

[Signature]

7/1/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chicago chicken & 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:

Rashad Bailey
Name of Person

Chicago chicken & Grill
Firm/Company

1325 W Tharpe 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:

Rashad Bailey at (773) 6554553
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 Chicken & Grill LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

APPROVED
FILED
14 JUL -1 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/27/13 and assigned
Florida document number L1300009 2448.

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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Leonard Garner	15027 Cottage Grove	<input type="checkbox"/> Add
		Delton, IL 60419	<input checked="" type="checkbox"/> Remove
MGR	Andre C Thompson	614 E 84th St	<input type="checkbox"/> Add
		Chicago IL 60619	<input checked="" type="checkbox"/> Remove
MGR	Abraham Oshatse	4228 High Park Lane	<input type="checkbox"/> Add
		East Pointe, LA 70344	<input checked="" type="checkbox"/> Remove
MGR	Rashad Bailey	1325 W. Thurpe St Apt 163	<input type="checkbox"/> Add
		Dallas Texas TX 75208	<input checked="" type="checkbox"/> Remove
MGR	Suzanne Garner	15027 Cottage Grove	<input type="checkbox"/> Add
		Delton, IL 60419	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

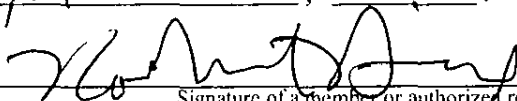
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

7/1/14



Signature of a member or authorized representative of a member

Rashad Bailey

Typed or printed name of signee