

113000157639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

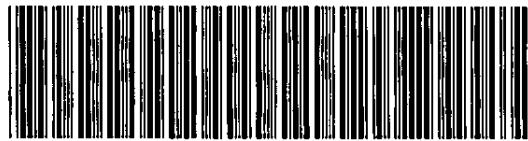
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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NOV 19 2013

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CK Franchisee, LLC

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Mark Bryn

Name of Person

Bryn & Associates, P.A.

Firm/Company

2 South Biscayne Blvd.

Address

Miami, FL 33131

City/State and Zip Code

bibi@markbryn.com

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

For further information concerning this matter, please call:

Mark Bryn

Name of Person

305 374-0501

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

**ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
CK Franchisee, LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
The Principal Address 950 Arthur Godfrey Road, Miami Beach, FL 33140 is
incorrect. The correct Principal Address is:

948 W. 41 Street, Miami Beach, FL 33140

OR

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: November 14, 2013

Signature of a member or authorized representative of a member

Bibi Ruiz, authorized representative

Typed or printed name of signee

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)