

10/23/2014 12:25:09 PM From: 006125163

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Division of Corporations

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L14000125163

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

RE-SUBMIT

Please Print Name and Date of Submission 10/23

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EMCKN, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	087
Estimated Charge	\$25.00

RECEIVED

14 OCT 24 PM 12:00

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BUREAU OF COMMERCIAL
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TALLAHASSEE, FLORIDA

14 OCT 23 PM 2:25

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Electronic Filing Menu

Corporate Filing Menu

Help

10/24/2014 15:21:09 From: To: 8506176383

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850-617-6381

10/24/2014 10:52:27 AM PAGE 1/001 Fax Server



October 24, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMCKN, LLC
652 BLUEBIRD PORT
LAKE MARY, FL 32746

SUBJECT: EMCKN, LLC
REF: L14000125163

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

We did not receive the first page of the amendment.

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.

Teresa Brown
Regulatory Specialist II

FAX Aud. #: H14000248178
Letter Number: 414A00022819

RE-SUBMIT

Please return original filing
date of submission 10/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EMCKN, 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:

Eric Johnson

Name of Person

EMCKN, LLC

Firm/Company

652 Bluebird Court

Address

Lake Mary, FL

City/State and Zip Code

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

For further information concerning this matter, please call:

Eric Johnson

Name of Person

at (407)
Area Code

466-9893

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**

EMCKN, 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 08/08/2014 and assigned
Florida document number L14000125163.

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

City, Florida 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input 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.)

Please see attachment for Principal Business Activity

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 October 20, 2014.



Signature of a member or authorized representative of a member
Eric Johnson

Typed or printed name of signer

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Filing Fee: \$25.00

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10/24/2014 15:21:09 From: To: 8506176383

(7/7)

The sole purpose for which the entity is formed is to operate franchised Chick-fil-A restaurant business(es) under a Franchise Agreement with Chick-fil-A, Inc. and to exercise all other powers necessary to, or reasonably connected with, the operation of the franchised Chick-fil-A restaurant business(es).