

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H140002799183ABC8

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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

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

Email Address: _____

RECEIVED

14 DEC -8 AM 10:00

FLORIDA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS
INFORMATION SERVICES

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CHIP A WAY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	056
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC -4 PM 4:50

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~~Electronic Filing Menu~~

Corporate Filing Menu

~~12/8/2014~~

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHIP A WAY 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:

Matt Chippeaux

Name of Person

CHIP A WAY LLC

Firm/Company

241 West Shore Plaza

Address

Tampa, FL 33609

City/State and Zip Code

matthewchippeaux@gmail.com

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

For further information concerning this matter, please call:

Matt Chippeaux

Name of Person

(813)

Area Code

760-1092

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

12/8/2014 11:54:23 From: To: 8506176383

(2/6)

850-617-8381

12/5/2014 8:30:34 AM PAGE 1/001 Fax Server



December 5, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CHIP A WAY LLC
241 W SHARE PLAZA
TAMPA, FL 33609US

SUBJECT: CHIP A WAY LLC
REF: L14000144085

RE-SUBMIT

DATE OF RECEIPT: 12/14/14
OFFICE OF THE CLERK

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.

The date of execution of your amendment cannot be in the future, please change the date of execution.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

FAX Aud. #: H14000279918
Letter Number: 614A00025629

RECEIVED
14 DEC -8 AM 10:00
BUREAU OF CORPORATIONS
REGISTRATION SERVICES

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CHIP A WAY 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 9/13/2014 and assigned
Florida document number L14000144085.

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 "LLC."

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:

Matt Chippaux

New Registered Office Address:

9018 Cliff Lake Lane

Enter Florida street address

Tampa

City

Florida

State

33614

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. 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

14 DEC 14 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

Title	Name	Address	Type of Action
MGR	Matt Chippaux	9012 CIE Lake Lane Tampa, FL 33614	<input checked="" 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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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ALLAHASSEE, FLORIDA

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

The sole purpose for which the Corporation is formed is to operate franchised Chick-fil-A Restaurant
business 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.

E. Effective date, if other than the date of filing: 1-1-15 (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 December 4th, 2014



Signature of a member or authorized representative of a member
Matt Chippeaux

Typed or printed name of signer

Page 3 of 3
Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA