

12/11/2014 11:35:17 From: 061-383

Division of Corporations

L14000144492

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
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Phone : (850) 222-1092
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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
BIGCLUCK LLC

Certificate of Status	0
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(2/5)

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December 11, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT

SUBJECT: BIGCLUCK LLC
REF: L14000144492

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.

Sent an Amendment cover sheet with Articles of Organization. The name is already filed.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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.

Neysa Culligan
Regulatory Specialist II

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P.O BOX 6327 - Tallahassee, Florida 32314

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2014 DEC 31 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Bigchuck 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 09/15/2014

Florida document number L14000144492

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 abbrevi

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 r
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

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am famili accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if thi being filed to merely reflect a change in the registered office address, I hereby confirm that the limited company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent


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

Amendment to the Purpose of Business: The sole purpose for which the Corporation 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).

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 11-20-14



Signature of a member or authorized representative of a member
Arthur E. Grossman

Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA