# \*14000/47456

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## COVER LETTER

TO: Registration Se Division of Cor		•	
SUBJECT: WJF TA	MPA, LLC		
SUBSECT.	Name of Limite	ed Liability Company	
	Amendment and fee(s) are subm	•	
Please return all correspo	indence concerning this matter to	the following:	
	Gary H. Baker		
		Name of Person	<del></del>
	Gary H. Baker, P.A.		
		Firm/Company	
	2963 Gulf to Bay Blvd	d, Suite 100	
		Address	
	Clearwater, FL 33759	)	
	ghbaker@garybakerla	City/State and Zip Code	
		be used for future annual report notifi	cation)
For further information c	oncerning this matter, please cal	l:	
Gary H. Baker		727 793-0066	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		<i>e</i>
□ \$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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WJF TAMPA, 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 09/22/2014	and assigned
Florida document number L14000147456		
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the words "	Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		er the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	<del></del>
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: FILED MGR = Manager 2014 DEC -3 PM 4: 56 AMBR = Authorized Member <u>Address</u> SLORE TARY OF STATE TALLAHASSEE. FLORIDA **Type of Action** Title Name \_□ Add ☐ Remove \_□ Add \_\_\_\_ Remove \_\_\_ 🗖 Add ☐ Remove □ Add \_\_\_ 🗆 Remove □ Add ☐ Remove □ Add ☐ Remove

	Add: Article V. Purpose. The sole purpose for which the Company is formed
	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
	Dt
ec	Restaurant business(es).  tive date, if other than the date of filing:
e ef	
e ef	tive date, if other than the date of filing:  (optional) fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)  December 1  2014
ef da	tive date, if other than the date of filing:  (optional) fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)  December 1  2014

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Filing Fee: \$25.00

