

**L14000147667**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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H140002797843ABCS

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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

**\*\*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  
JUST BEACHY SOFLO, LLC**

Certificate of Status	0
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Page Count	06
Estimated Charge	<b>\$25.00</b>

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2014 DEC -4 AM 9:15  
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### COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: JUST BEACHY SOFLO, 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:

Seth Poor

**Name of Person**

JUST BEACHY SOFLO, LLC

**Firm/Company**

4579 San Mellina Drive

**Address**

Coconut Creek, FL 33073

**City/State and Zip Code**

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

For further information concerning this matter, please call:

Seth Poor

954

770-2661

**Name of Person**

**Area Code**

**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

FILED

( 3/6 )

2014 DEC -4 AM 9:15

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

JUST BEACHY SOFLO, 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 09/19/2014 and assigned  
Florida document number L14000147667

This amendment is submitted to amend the following:

A. If amending same, 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 Attached 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 December 4<sup>th</sup>, 2014.



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Seth Poor AMBR

\_\_\_\_\_  
Typed or printed name of signor

Page 3 of 3  
Filing Fee: \$25.00

FILED  
2014 DEC -4 AM 9:15  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

12/4/2014 11:06:35 From: To: 8506176383

( 6/6 )

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).

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TALLAHASSEE, FLORIDA