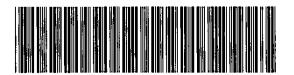
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K.SALY EXAMINER MAY 1 4 2015

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJI	ECT:	Frenchy's CR Name of Lim	enes LLC ived Liability Company	<u> </u>
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		,	Maud Poudat	
		Low office	of Mard Poud	ht, PA
		_ 2816 E. K	Obinson St. Address	
			F1 32803 City/State and Zip Code	
		E-mail address: (date moudat lauto be used for future annual report n	otification)
For fu	ther information co	ncerning this matter, please ca	all:	
	Marue of	Person	at (407) 3	73_0994 ime Telephone Number
Enclos	ed is a check for the	e following amount:		
5 \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fec, 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

2015 MAY -4 PM 1:46 ARTICLES OF ORGANIZATION Florida document number <u>L1500001714 2</u> 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1021 W. Pine Street Enter new principal offices address, if applicable: Oxlando, FL 32805 (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: Vssa Sy

lo 21 W. line Street

Enter Florida street address

Oxlando, Florida 32805

City Zip Code Name of New Registered Agent: New Registered Office Address:

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: FILED MGR = Manager 2015 MAY -4 PM 1: 46 Type of Action AMBR = Authorized Member <u>Title</u> Name **Address** TALLAHASSEE FLURIDA ___ Add ☐ Remove _□ Change □ Add _□ Remove □ Change _□ Add □ Remove ☐ Change _D Add ☐ Remove _□ Change □ Add ☐ Remove □ Change _□ Add ☐ Remove

☐ Change

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Page 3 of 3

Filing Fee: \$25.00