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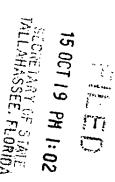
(F	Requestor's Name)		
(/	Address)		
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PICK-UP	☐ WAIT ☐ MAIL		
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# **COVER LETTER**

TO:	Registration Sec Division of Corp				
		ARY OPERATOR LLC			
SUBJI	ECT:	Name of Lim	ited Liability Company		
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspor	ndence concerning this matter	to the following:		
		MIKEL CASTANON			
			Name of Person		
AMERICAN FRANCHISE GROUP LLC					
			Firm/Company		
		407 LINCOLN RD STE 7	04		
			Address		
		MIAMI BEACH FL 33139	9		
		MCASTANON@AFRANC			
		E-mail address: (	to be used for future annual report notifi	cation)	
For fur	ther information co	oncerning this matter, please ca	all: .	•	
MIKE	L CASTANON		305 7477161 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclos	ed is a check for th	e following amount:			
\$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 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

### TO ARTICLES OF ORGANIZATION OF

•	COMMISSARY	OPERATOR LLC	
(Name of the Lim	ited Liability Cor (A Florida Limit	mpany as it now appears on our ted Liability Company)	records.)
The Articles of Organization for this Limited I Florida document number		any were filed on	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited l	iability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited L	iability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STRE		1	<del></del>
Trinciput office uturess WOST BE A STREE	<u>ET ADDRESS</u>		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		N/A	CIGE LAHA
(Mailing address MAY BE A POST OFFICE BOX)			19 19
	<del></del>		
			ES - U
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered	l office address on our r <u>here</u> :	ecords, enter the name of the ne
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida stree	t address
	N/A		, Florida N/A
		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

# or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	DEKO MUNDO INVESTMENTS	100 BAY VIEW DR APT 308	□ Add
-		SUNNY ISLES, FL 33160	Remove
			- Remove
			Change
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		<del> </del>	□ Remove
			Change
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N/A Effective date, if other than the date of filing:	antional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a	optional) after filing.) Pursuant to 605.0207 (3
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	, this date will not be listed as th
the record specifies a delayed effective date, but not an effective time, at 12:0 ) The 90th day after the record is filed.	)1 a.m. on the earlier of:
) / -	
Dated 10/14/15	
Pho	
Signature of a member or authorized representative of a member	
Hiller IMD + holan	
HIKEL CASTANON Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00