# L15000140024

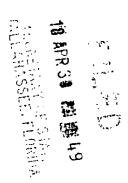
(Requestor's Name)
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(Cit. (Ch.), (Zi., (Zi., a.))
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(assument values),
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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J. LEGGETT MAY 01 2018



April 17, 2018

NATHAN DEVINE 9070 W IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34747 US

SUBJECT: KISSIMMEE BURGER 192, LLC

Ref. Number: L15000140024

We have received your document for KISSIMMEE BURGER 192, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL LP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 318A00007806

RECEIVED MIS 39 DEPARTMENT OF STORY

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Kissimmee Burger 192 LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nathan Devine Name of Person
Nathan Devine Name of Person  Kissimmee Burger 192 UC  Firm/Company
9070 W Irlo Bronson Manorial Hwy Address
City/State and Zip Code  nderine & hd business group - Com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  at (6 14) 566 - 0356  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$\$\$ Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$\$ 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

(Name of the Limited	Liability Compa	ny as it now appears on our records.) Liability Company)			
	A Florida Limited I	Liability Company)			
The Articles of Organization for this Limited Lia Florida document number <u>L 1500014002</u>	bility Company <u> </u>	were filed on August 19, 2015 and assigned			
This amendment is submitted to amend the follow	ving:				
A. If amending name, <u>enter the new name of t</u>	the limited liab	ility company here:			
The new name must be distinguishable and contain the wo	rds "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."	_		
Enter new principal offices address, if applical	ble:	9070 W Irlo Bronson Mamorial H	<u>ۋىد</u>		
(Principal office address MUST BE A STREET ADDRESS)		Kissimmee PL 34747			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B		9070 W Irlo Bronson Momorial Hus Kissimmee FL 34747			
registered agent and/or the new registered offi  Name of New Registered Agent:	ce address here	ffice address on our records, enter the name of the e:  Devine			
New Registered Office Address:	9076 V	V 1 rlo Branson Memorial Hwy  Enter Florida street address	_		
	Kissi mu	rnee , Florida 34747  City Zip Code			
New Registered Agent's Signature, if changing Re	gistered Agent:	્રે ૄ • <b>લ્ટો</b> .			
provisions of all statutes relative to the proper accept the obligations of my position as regist	and complete ered agent as p gistered office hange.	ee to act in this capacity. I further agree to comply with performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability			
	II CHAII	uging registered regent, Signature of them registered regent			

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Galen Bowe	6756 Cty Huy BC	
		Sparta, WI 54646	Remove
			Change
AMBR	Seremiah Bowe	S 15465 Williams Rd	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		Strum WI 54770	Remove
			Change
			Add
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Page 3 of 3

Filing Fee: \$25.00