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S. YUUNG

COVER LETTER

TO: Registration Section '' '
Division of Corporations

FIREHOUSE SUBS #407, 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:

Matt Mathews, Attorney at Law
Name of Person

Mathews Law Firm, P. A.

Firm/Company

277 Pinewood Drive

Address

Tallahassee, Florida 32303

City/State and Zip Code

m2@mathewslawfirm.com

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

For further information concerning this matter, please call:

Matt Mathews, Attorney at Law

.850, 681-9303

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)

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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

FIREHOUSE SUBS #407, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited	Liability Company	<i>i</i>)	
The Articles of Organization for this Limited Liability Company Florida document numberL15000141527	y were filed on	AUGUST 24, 2015	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company	here:	
BMG #407, Li	LC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," th	e designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		三三	GT.
•			
Enter new mailing address, if applicable:			22 /
(Mailing address MAY BE A POST OFFICE BOX)		m,	R 2 0
		Fini-	
D. If amonding the assistant and and and and are	6C	ئىن ئوم سەمسىرى	111 9
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		on our records, <u>enter tn</u>	e name of the nev
Name of New Registered Agent:			The state of the s
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 agrorovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance oprovided for in	of my duties, and I am fam Chapter 605, F.S. Or, if i	iliar with and his document is
If Cha	nging Registered	Agent, Signature of New Regist	ered 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:

MGR = M $AMBR = A$	anager	,	
<u>Title</u>	<u>Name</u>	Address	Type of Action
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The 90t	th day after the record	is filed.	2015						
The 90t		is filed.							

Page 3 of 3

Filing Fee: \$25.00