

U5000141529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

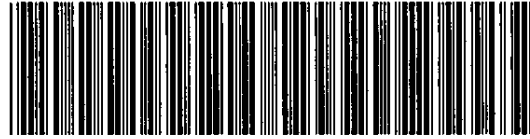
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500277534875

09/29/15--01015--023 \*\*25.00

15 SEP 29 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

SEP 30 2015

C. YOUNG



**Attorneys:**  
**Matt Mathews\***  
**Shannon L. Mathews\*\***  
**John C. Davis, Of Counsel\*\***  
\* Civil Law (International) Notary  
\*\* Licensed to practice in FL & GA

September 28, 2015

*Via Federal Express*  
7814 1296 7182

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 W Executive Center Circle  
Tallahassee Florida 32301

RE: Firehouse Subs #76, LLC-Articles of Amendment (Name Change to KMG#76, LLC)  
Firehouse Subs #407, LLC-Articles of Amendment (Name Change to BMG#407, LLC)

Dear Registrar:

Enclosed are Articles of Amendment for each of the above-referenced limited liability companies. We have also enclosed an additional copy of each to be date stamped received as well as a prepaid Federal Express envelope for your use in returning to us the date stamped copies. Please call us if you have any questions.

Sincerely,

Clare B. Bilbo

Florida Registered Paralegal / Office Manager

15 SEP 29 PM 4:01  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

//cbb

Enclosures

cc (via email w/ encl.): Matt & Joy Holmes

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FIREHOUSE SUBS #76, 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** at **(850) 681-9303**  
Name of Person Area Code Daytime Telephone Number

FILED  
15 SEP 29 PM 4:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FIREHOUSE SUBS #76, 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 AUGUST 24, 2015 and assigned Florida document number L15000141529.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**KMG #76, LLC**

The new name must be distinguishable and contain 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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
15 SEP 29 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

\_\_\_\_\_, **Florida** \_\_\_\_\_

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**

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

FILED  
 9 29 PM 402  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 28, 2015

Handwritten signature of Matt Mathews

Signature of a member or authorized representative of a member

Matt Mathews, Attorney at Law

Typed or printed name of signee

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
SEP 29 PM 4:02