

LF500144404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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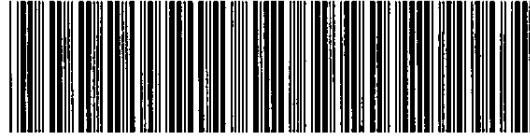
(Business Entity Name)

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LAW OFFICES  
**FRANK J. GRECO, P.A.**  
A FLORIDA PROFESSIONAL ASSOCIATION  
708 SOUTH CHURCH AVENUE  
TAMPA FLORIDA 33609  
TELEPHONE: (813) 287-0550  
FAX: (813) 289-5331  
Email: [fgrecolaw@verizon.net](mailto:fgrecolaw@verizon.net)

August 28, 2015

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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15 AUG 31 PM 4:27  
TALLAHASSEE, FL  
CLERK OF COURT

**Re: WOW BURGERS F3517 LLC**

Dear Sir or Madam:

Enclosed please find the articles of amendment to the articles of organization for the above referenced limited liability company. Also enclosed is a check in the amount of \$30.00 to cover the fees, plus certificate of good standing for the organization.

Upon filing, please send me the certificate in the self addressed envelope enclosed.

Should you have any questions regarding the above, please contact me immediately.

Sincerely,

**FRANK J. GRECO, P.A.**

Frank J. Greco

FJG/fg  
Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** WOW BURGERS F3517 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:

SHAJI JOSEPH

Name of Person

Firm/Company

10537 CANARY ISLE

Address

TAMPA, FLORIDA 33647

City/State and Zip Code

josephs@wowbrgs.com

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

For further information concerning this matter, please call:

SHAJI JOSEPH

Name of Person

813 at (        )

Area Code

240-6155

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)

**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

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15 AUG 31 PM 4:27  
CLERK OF COURT  
TALLAHASSEE, FL

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

WOW BURGERS F3517 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 L150000144404.

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."

**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)**

**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*

*City*

*, Florida*

*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
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

Article III is deleted in its entirety and replaced with the following:

The purpose of this limited liability company is to develop, own and operate

Checkers Restaurants in accordance with Checkers franchise system along

with all activities attendant thereto.

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JUL 1 2015

**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 August 28, 2015 \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Shaji Joseph

\_\_\_\_\_  
Typed or printed name of signee