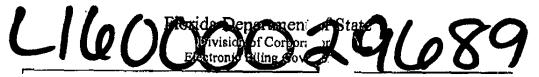
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To:

Division of Corporations

Fax Number

: (850)617~6363

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPQUANO & BOZARTH, P.A.

Account Number: 076077001702 Phone: (407)841-1200

Fax Number : (407)423~1831

Enter the email address for this business entity to be used for future should report mailings. Enter only one email address please.

Email Address: jeremiah@bowebusinessgroup.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CASSELBERRY BURGERS, LLC

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Help

J. HARRIS

(((H16000191594 3)))

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Casselberry Burgers, LLC						
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records. nited Liability Company))				
The Articles of Organization for this Limited Liability Com	pany were filed on February 11, 2016		and	assigned		
Plorida document number L16000029689						
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"	of the ab	breviation	"L.L.C."		
Enter new principal offices address, if applicable:	2350 Commercial Drive, Suite 3	<u> </u>				
(Principal office address MUST BE A STREET ADDRESS	S) Sparta, WI 54656	Ξ.,				
		ĖEC	4			
	•		an an	Ü.		
Enter new mailing address, if applicable:	2350 Commercial Drive, Suite 3		1 <u>¢7:</u>	i se casa e		
(Mailing address MAY BE A POST OFFICE BOX)	Sparta, WI 54656		- - 102	771		
•				Towns 1		
D. Vi		25.	-			
B. If amonding the registered agent and/or registered registered agent and/or the new registered office address		gnter	<u>inespar</u>	ne or me r		
Name of New Registered Agent: Jeremiah I	Roman Bowe	-		,		
New Registered Office Address: 3920 S. U	.S. Highway 17-92	•	•			
	Enter Florida street address					
Cassalberr	· rw	ida _3	2707			
	City		Zip Co	de		

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.

Page 1 of 3

(((H160001915943)))

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>	Name		Address		Type of Action
AMBR	Galen C. Bowe		6756 County Highway BC		■ Add
			Sparta, WI 54656	:	□ Remove
					Change
AMBR	Luke B. Ryba		1130 130th Street		= Add
			Chippewa Falls, WI 54729	••••••••••••••••••••••••••••••••••••••	Remove
					Change
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			<u> </u>		Remove
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