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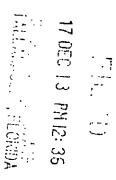
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COVER LETTER

	egistration Section Section of Corp			
eun teca	Froyo of Ge	orgia I, LLC		
SUBJECT	ı;	Name of Limi	ted Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please retu	um all correspon	ndence concerning this matter t	to the following:	
		Todd Broaderick		
			Name of Person	
		Georgia Franchise Group o	f Milton, LLC	
			Firm/Company	
		273 Rosebay Trail		
			Address	
		Milton, GA 30004		
		·	City/State and Zip Code	
		todd@georgiafranchisegrou		
			o be used for future annual report notific	:auon)
For further	r information co	oncerning this matter, please ca	all:	
Todd Broa	aderick		727 433-2173	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed i	is a check for th	e following amount:		
\$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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	At as it have appears on our passants	1
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	Liability Company)	1
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000032394</u> .	were filed on February 17, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
Georgia Franchise Group of Milton, LLC		一長曹
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		12 12
		<u> </u>
		7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		 _
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	r ida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hardhy accent the appointment as registered growt and are	on to not in this connection I first	hay arreas to examply with the

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			☐ Change
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