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2017 JUL 10 AH 9: 28

W. John Refer

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CK 1. 6-5 Part 4 1) 615, 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:
(Colola Dancof Person
Chicken Kitchen LLC
10800 13/30ay 116 13/Vd # 820
City'State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call;
Click (in Che z at 305) 572 1878 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
■ \$25.00 Filing Fee Certificate of Status □ \$30.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee Certificate of Status □ \$60.00 Filing Fee

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

<u> </u>		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our rec ability Company)	ords.)
The Articles of Organization for this Limited Liability Company w Florida document number $\underline{L16000240213}$.	vere filed on <u>1</u> 2/14/	₹ ∰ ⊈ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil $C = \frac{1}{2\pi} + \frac{1}{2\pi} $		
CK A B C E L C A C A C A C A		
Enter new principal offices address, if applicable:	CKal Bird	E Ludlun, LLC
(Principal office address MUST BE A STREET ADDRESS)	10800 Bi	Scayne Blud 1820 Mil, 12 33161
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)		2017 JUL O
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida sirect au	- dress
		. Florida
	Cuv	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

MGR = MS $AMBR = AS$	ánager uthorized Member		
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	is listed, the date	must be specific	e and cannot be	prior to dat	e of filing or n	ore than 90 i	days after fi	ling.) Pursnant t	o 605,0)
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