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(Requesto	r's Name)
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SEGRETARY OF STATE FALLAHASSEE, FLORIDA

COVER LETTER

TO:		ration Sec n of Corp		
			eese Restaurant Managenent, l	LLC
SUBJ	EC1:		Name of Lim	ited Liability Company
The en	iclosed Ai	ticles of A	mendment and fee(s) are sub	mitted for filing.
Please	return all	correspon	dence concerning this matter	to the following:
			Marci Rubin	
				Name of Person
			Mac and Cheese Restauran	nt Holdings, LP
				Firm/Company
			621 SW 53 Street, Suite 36	50
				Address E
			Boca Raton, Florida 33487	•
				City/State and Zip Code
			mrubin@iheartmacandchees	to be used for future annual report notification)
For fu	rther infor	mation co	ncerning this matter, please ca	
Marci	Rubin			561 300-5343
		Name of	Person	Area Code Daytime Telephone Number
Enclos	sed is a ch	eck for the	e following amount:	
\$ \$2	5.00 Filin	g Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
		Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, 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

Mac and Cheese Restaurant Management, 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 March 3, 2017 and assigned Florida document number $\frac{L17000050618}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Mac and Cheese Franchise Management, 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) 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

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 = 1	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
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`an effe <u>{ote:</u>	e date, if other than the date of filing:	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 00th day after the record is filed.	f:
ated '	pril 11, 2016	

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00