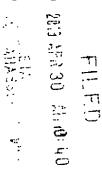
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COVER LETTER

4

TO:	Registration S Division of Co		4.7 1994					
CLID		Subs VI, LLC						
SUDJ	JECT:	Name of Limited Liability Company						
The e	nclosed Articles of	Amendment and fec(s) are sub	mitted for filing.					
Please	e return all corresp	ondence concerning this matter	to the following:					
		Kimberly Crowell						
			Name of Person					
		Kalo Companies						
			Firm/Company					
		:	Address					
		Tallahassee, FL 32308						
			City/State and Zip Code					
		kcrowell@kalorestaurantgro	•					
		E-mail address: (to be used for future annual report notif	ication)				
For fu	arther information	concerning this matter, please ca	all:					
Kimberly Crowell			850 228-7350 at ()					
	Name (of Person	Area Code Daytime	e Telephone Number				
Enclo	sed is a check for t	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5

Game Day Subs VI, LLC		دست ۱۳۰۰ مورد
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	and assigned
The Articles of Organization for this Limited Liability	Company were filed on June 19, 2017	and assigned
Florida document number L17000133535		3
This amendment is submitted to amend the following:		10
A. If amending name, enter the new name of the lin	mited liability company here:	
K & A Subs Navy Blvd, LLC		
The new name must be distinguishable and contain the words "Li	imited 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 ADE	ORECC)	
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<u></u>
B. If amending the registered agent and/or reg	istered office address on our records, <u>e</u>	nter the name of the ne
registered agent and/or the new registered office ad	dress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Finter Florida street address	
	, Florid	la
	City	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>	Name	Address	Type of Action
			□ Remove
			Change
			□ Remove
			Change
			□ Remove
			Change
			
			Remove
		-	Change
···-			Add
			Remove
			Change
			
			□ Remove
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wasti maka salah salah kana da	lock does not mee	at the applicable sta	of filing or more that itutory filing requ	n 90 days after fil frements, this d	ing.) Pur atc will	suant to not be	605.02 listed
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