## L17000180175

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(Business Entity Name)
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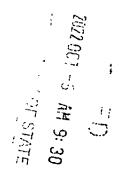
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## COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	ea's Chicago Street Food, LLC		
SOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Wendy Bach		
		Name of Person	
	•	Firm-Company	
	i177 Kenwood Avenue	SH	
	Winter Park, FL 32789	Address	
		City/State and Zip Code	
	wendy.bach10@gmail.com E-mail address: (	to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Wendy Bach		847 833-4091 at () Area Code Daytin	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	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 Addi Registration Division of P.O. Box 6.	1 Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations
Tallahassec	oe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Rea's Chicago Street Food, LLC	
(Name of the Limited Liability Company as it now appears on our recor (A Florida Limited Liability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Liability Company were filed on 08/23/2017	and assigned
lorida document number L17000180173	
this amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
tay's Chicago Street Food, LLC	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Inter new mailing address, if applicable:	20
Mailing address MAY BE A POST OFFICE BOX)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	-:
	,
. If amending the registered agent and/or registered office address on our records, enter	r the name of the new regis
gent and/or the new registered office address here:	
	9: 30 STAT
Name of New Registered Agent:	등 <b>이</b>
Name Devictored Office Address.	
New Registered Office Address:  Enter Florida street addre	ess
——————————————————————————————————————	Florida 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>	<u>Name</u>	Address	Type of Action
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		<del></del>	□Remove
			Change
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			□Change
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			□Remove
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ffective date, if other than the an effective date is listed, the date in lote: If the date inserted in this becoment's effective date on the I	lock does not meet the applica	able statutory filing rec	man or days arrest mine	/ 1 WILLIAM 10 0001020
record specifies a delayed effecti Lis filed.	ve date, but not an effective ti	me, at 12:01 a.m. on th	ne earlier of: (b) Tl	e 90th day after the
October 4	2022			
Wence	Signature of a member or author	— ·	mambar	
_	Digitalitie of a member of sume	лижей теплеменные от а-	1111-1111111	
	<i></i>			

Filing Fee: \$25.00