L18000059766

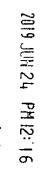
(F	Requestor's Name)	-
(/	Address)	
	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(E	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer:	
		





500331134295

06/24/19--01029 -025 **25.66



C. GOLDEN

JUL - 8 2019

COVER LETTER

TO: Registration Section
SUBJECT: Metro Chicken of Margate LLC
BJECT: Metro Chicken of Margade LLC Name of Limited Liability Company Renclosed Articles of Amendment and fee(s) are submitted for filing. The same of Person Margade LLC Name of Person Margade LLC Firm/Company 2515 Indian River Drive Address Fort Pierce Cyt/State and Zip Code Cyt/State and Zip Code Cyt/State and Zip Code Auren Drive Lennish address: (to be used influture annual report notification) further information concerning this matter, please call: Parter Maga Name of Person Area Code Daytime Telephone Number
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jason Zarberman
Metro Chicken of Margate LLC
2515 Indian River Drive
Fort Rierce, FL 34946
City/State and Zip Code
Clucten (B) Vega, o.g.
For further information concerning this matter, please call:
Varren 1/199 au 954, 729 5498
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$ 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 O	F AMENDMENT
	TO Z
	ORGANIZATION
(Name of the Limited Liability Com	of Margare LLC Margaret on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L18000597(I</u>	ny were filed on 03/07/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited lis</u>	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "L.L.C." 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)	NA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	, Florida
	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 <u>Address</u> Type of Action □ Add ☐ Remove ☐ Change ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change

						·· ·	
							
	_						
				· ····			
							
							 -
							
							
							
		<u>.</u>					
ffective dat	e, if other tha	n the date of fi	iling:	prior to date of fi	ing or more than 9	(optional) 0 days after filing.) I	ursuant to 605.020
ote: If the d	late inserted in t		not meet the ap	plicable statuto		ments, this date w	
		layed effective record is file		not an effe	ctive time, at	12:01 a.m. o	n the earlier o
/	/ /		4				
ated <u>/</u>	114/20	19					
		/ /		7//			
		-Signature o	of a member og	authorized coptes	entative of a mem	ber	

Page 3 of 3

Filing Fee: \$25.00