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| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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2019 NOV 25 7H ID: 10

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## **COVER LETTER**

| TO: Registration Sec<br>Division of Corp<br>SUBJECT:   | orations hick                                | en of Sa<br>ited Liability Company                                  | mple Road L   | LC |
|--|--|---|---|----|
| The enclosed Articles of A   | mendment and fee(s) are sub                  | mitted for filing.  |   |    |
| Please return all correspon  | dence concerning this matter                 | to the following:   |   |    |
|  | Dacce  | n Vega  |   |    |
|  | Metro  | Name of Person  (h) (k)  Firm/Company                               | <del></del>   |    |
|  | 7050 Wes                                     | + Commercia   | 1 Blvd  |    |
|  | Landerh, 11                                  | FL 39   | 1946  |    |
|  | March (9)<br>E-mail address: (1)             | VP 94, 009 to be used for future autignal report no                 | tification)   |    |
| For further information con Supplemental Sup | ncerning this matter, please ca              | at (154) S  | 19 SSSU<br>me 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |    |

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| $\alpha \alpha i i i$   | OF /  |
|---|---|
| Metro Chicken   | of Samph Road LLC   |
| (Name of the Limited Liability Compa<br>(A Florida Limited                | any as it now appears on our records.)<br>Liability Company       |
|   | 2/0/10  |
| The Articles of Organization for this Limited Liability Company           | were filed on and assigned  |
| Florida document number <u>LZ80000</u> [9]                                | 74  |
| This amendment is submitted to amend the following:                       |   |
| A. If amending name, enter the new name of the limited liab               | pility company here:  |
| The new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation "LLC" or the abbreviation "LL.C." |
| Enter new principal offices address, if applicable:                       |   |
| (Principal office address MUST BE A STREET ADDRESS)                       | $\Lambda IA$  |
|   |   |
|   |   |
| Enter new mailing address, if applicable:                                 | A 201   |
| (Mailing address MAY BE A POST OFFICE BOX)                                | A/A 37 & -  |
|   |   |
|   | S. I  |
|   | address on our records, enter the name of the new registered      |
| agent and/or the new registered office address here:                      |   |
|   | $\Lambda/\Lambda$   |
| Name of New Registered Agent:   |   |
| New Registered Office Address:  | NA  |
|   | Enter Florida street address                                      |
|   | ↑ \   |

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

Zip|Code

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 7            | Address  | Type of Action            |
|--------------|-------------------|--|---------------------------|
| <u>MGR</u>   | Hbruham Laivermun | 123/6 Overpond We  | ′<br><mark>2y</mark> □Add |
|              |                   | Potomuc MO 20854   | DKemove                   |
| .44.6.0      | 1 7 1             | Address  123/6 OVERPOND WE  POTOMUC MO 20854  123/6 OVERPOND Way  POTOMAL MD ZORSY | □Change                   |
| MGR          | Jasol Egivermun   | Potomal MD Zessy   | IdAdd                     |
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| ·      | adute if other than the date of filings (optional)   |
| te: If | e date, if other than the date of filing:  |
|        | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier c |
| he 90  | Oth day after the record is filed.   |
| ted    | 11/70/7019   |
| .ea    | -11/6 / Chan ?   |
|        | Signature of a member or authorized representative of a member                                   |
|        | Typed or printed name of signee  |
|        | $\vee$ $\wedge$ |

Page 3 of 3

Filing Fee: \$25.00