11800064471

(Req	uestor's Name)	
(Add	ress)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 24, 2018

THIRD REQUEST RASHID YOUNGER 2213 METROPOLITAN WAY ORLANDO, FL 32839

SUBJECT: FRANCHISE RECORDS LLC

Ref. Number: L18000064471

We have received your document for FRANCHISE RECORDS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa Regulatory Specialist/II Registration/Qualification Section

Letter Number: 218A00015221

www.sunbiz.org



May 7, 2018

SECOND REQUEST RASHID YOUNGER 2213 METROPOLITAN WAY ORLANDO, FL 32839

SUBJECT: FRANCHISE RECORDS LLC

Ref. Number: L18000064471

We have received your document for FRANCHISE RECORDS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

6

Letter Number: 718A00007026

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: Franchise		ited Liability Company			
	Name of thin	aced Elacinty Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Rashid Younger			_	
		Name of Person			
	Franchise Records			_	
		Firm/Company			
2213 Metropolitan way					
		Address		-	
	Orlando Florida 32839			_	
		City/State and Zip Code			
	Franchise585@gmail.con E-mail address: (1 to be used for future annual report	notification)		
For further information c	oncerning this matter, please c	all:			
Rashid Younger		at (321) 999 55 Area Code Da	520	:	طع، . •
Name o	f Person	Area Code Da	ytime Telephone Number	AN	
Enclosed is a check for th	ne following amount:			: 'ማ :	
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ling Fee, ite of Status &	

MAILING ADDRESS:

TO:

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

Franchise Records					
(Name of the Limite	d Liability Company as it no A Florida Limited Liability Co	ompany))		
The Articles of Organization for this Limited List Florida document number <u>L 1800</u>	,		,2018	and a	ssigned
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liability com	<u>ıpany here</u> :			
The new name must be distinguishable and centain the we	ords "Limited Liability Compa	any," the designation "LLC"	or the abbr	eviation "	LLC."
Enter new principal offices address, if applica	able:			<u>-</u>	
(Principal office address MUST BE A STREE	T ADDRESS)	<u>-</u> .		·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u>			<u> </u>	
			<u> </u>	<u> </u>	
				-	a of the new
B. If amending the registered agent and/or the new registered of	or registered office add	aress on our records,	enter ti	**************************************	
Name of New Registered Agent:	Registered Agents	s Inc.		- स्ट्र हुन	
New Registered Office Address:	3030 N. Rocky Po	oint Dr. STE 150A	·····	దా	
	Enter Florida street address				
	Tampa	, Flo	rida <u>336</u>	607	<u> </u>
	City			Zip Сос	le

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.

f 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
Manager	Rashid Younger	2213 Metropolitan Way apt 133	3
			□ Remove
			Change
	Maximus Younger		Add
		2213 Metropolitan Way Apt 1333	☑ Remove
			Change
			Add
			Remove Change
		5	Add Add
			Change
		<u> </u>	
			□ Remove
			☐ Change
		<u> </u>	Add
			Remove
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record speci	fies a delayed ef	fective dat	e, but not	an effective	time, at 12:	01 a.m. or	the ear!	ier
rne som day	after the record	is mea.						
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Page 3 of 3

Filing Fee: \$25.00