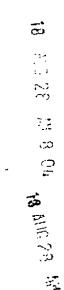
L18000083718

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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AUG 2 5 2018 S. PRATHER

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.Incserv.com

e-mail: info@incserv.com



ORDER FORM

TO Florida Department of State

Division of Corporations, Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Stops

mstops@incserv.com

850.656.7953

REQUEST DATE 8/28/2018

PRIORITY Routine

OUR REF # (Order ID#) 674034

ORDER ENTITY

FRANCHISE RETAIL SITES, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

FRANCHISE RETAIL SITES, LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, August 28, 2018 Page 1 of 1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRANCHISE RETAIL SITES, LLC

(Name of the Limited Liability Company as it now appears on our records.)

	(А гюнаа стинея ставину Сотрану)	in the second se	
The Articles of Organization for this Limited Florida document number <u>L18000083718</u>	Liability Company were filed on	and assigned	
This amendment is submitted to amend the fo	Howing:		
A. If amending name, enter the new name	of the limited liability company here:		
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFIC.	<u> </u>		
registered agent and/or the new registered	d/or registered office address on our records, office address here:	enter the name of the no	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida strect address		
	, Flor	, 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	Address	Type of Action
AMBR	Mark J Lefkof	8556 Logia Circle	
		Boyton Beach, FL 33472	□ Rетюче
			☐ Change
			Add
			☐ Remove
			☐ Change

			□ Remove
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			☐ Change
			□ Add
			☐ Romove
			Change

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Filing Fee: \$25.00