48000157572

(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:
(Document Number) Certified Copies Certificates of Status

Office Use Only



300324408743

02/19/19--01025--016 **25.00

FEB 2 3 2019 S. YOUNG



COVER LETTER

Division of Corporations
SUBJECT: Chick-Cois.ne LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Chick-cuisine LLC Firm/Company
1499 SW HACKENS ACK AVE
City/State and Zip Code City/State and Zip Code Confrugitua a Att. Net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
God Frey Spirit Ouis at 70 342 - 0889 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limited Liability Comp.	<u>C</u> .	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears од ог Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 180001 5757.</u> 2	y were filed on	7.2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		8 =
		0 7
Enter new mailing address, if applicable:		2 1
(Mailing address MAY BE A POST OFFICE BOX)		9. 2
		7
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	vet 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>	<u>Name</u>	Address	Type of Action
MBR	Godfrey snintlonis	14995W HACKENSACK AVE	® Add
		part said lucie FL 34953	Remove
			& Change
MBB	Roch elet BAzile	P82d MM or ocou et	© ∕∆dd
		Port SAINT LUCIE, FL 34983	□ Remove
			& Change
			Remove
			Change
			□ Add
			Remove
			Change
			□ Remove
			□ Change
			□ Remove
			Change

amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
an effecti <u>ote:</u> If t	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
ated	1.22.2019
	Signature of a member or authorized representative of a member
	Confrey spirit Louis Typed or printed name of signee
	CONTINUE SHIM COULS

Page 3 of 3

Filing Fee: \$25.00