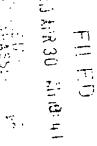
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COVER LETTER --

10:	Division of Cor			18.
SUBJE	-			
ЗОВ ЈЕ	CI:	Name of Lim	ited Liability Company	·
The enc	losed Anicles of	Corporations Day Subs E Nine Mile, LLC Name of Limited Liability Company s of Amendment and fee(s) are submitted for filing. espondence concerning this matter to the following: Kimberly Crowell Name of Person Kalo Companies Firm/Company 2001 Thomasville Road, Suite B300 Address Tallahassee, FL 32308 City/State and Zip Code kerowell@kalorestaurantgroup.com E-mail address: (to be used for future annual report notification) on concerning this matter, please call: at (Area Code Daytime Telephone Number) For the following amount:		
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Kimberly Crowell		
			Name of Person	
		Kalo Companies		
		2001 Thomasville Road, S	uite B300	
			Address	
		Tallahassee, FL 32308		
			· · · · ·	
		**	•	otion)
For furt	her information co		•	акті
Kimber	ly Crowell		at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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. 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 OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 assigned Game Day Subs E Nine Mile, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _______ 8, 2019 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: K & A Subs E Nine Mile, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 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

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>	<u>Address</u>	Type of Action
			Add
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Filing Fee: \$25.00