L19000077274

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COVER LETTER

TO:

	Registration Sc Division of Cor				
SUBJEC	Food Court	at Sandlake, LLC			
SOBJEC	.1:	Name of Lin	nited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	turn all correspo	ondence concerning this matter	to the following:	•	
		Agnes Chau			(J.,
			Name of Person		`` ,
		Law Offices of Agnes Cha	au, P.A.		. `
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	•	-
		5114 W Colonial Drive			
		<u> </u>	Address		_ (
		Orlando, FL 32808			•
		amc@agneschaulawfirm.co	City/State and Zip Code		_
		E-mail address: (to be used for future annual rep	oort notification)	
For furthe	er information c	oncerning this matter, please c	all:		
Agnes Cl	hau		407 648-0	0880	
	Name o	f Person	Area Code	Daytime Telephone Number	er .
Enclosed	is a check for th	ne following amount:			
\$ \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certifie	ate of Status &
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Registration Division of Clifton Buil	Corporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Food Court at Sandlake, 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 March 19, 2019 ____ and assigned Florida document number 1.19000077274 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Chicken Now at Sandlake, 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:

or remov	red from our records:		
	Manager - Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
		 -	Change
			□ Remove
			Add
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If the date inserted in	an the date of filing: date must be specific and cannot this block does not meet the the Department of State's	e applicable statutory f	(options or more than 90 days after fili iling requirements, this da	tl) ng.) Pursuant to 605.020 ite will not be listed a
ecord specifies a d le 90th day after th	elayed effective date, in the record is filed.	but not an effectiv	e time, at 12:01 a.n	n. on the earlier (
June 18	202	0		
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	16-24	r or authorized representa		
/	Signature of a member	r or sutharized represents	tive of a member	

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Filing Fee: \$25.00