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Amend

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### **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	allahan Name of Lim	COUNTRY J	Kitchen LL
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
	Cynth	ia C. Lloya Name of Person	<u>-</u>
	Callaha	n Country	Kitchen LLC
	542415	Address	
	Callaha	City/State and Zip Code	
	Coterlo E-mail address: (0	yd a) w ûndstr to be used for future annual report notifi	elam inet
For further information co	ncerning this matter, please ca	alt:	
Cyn Hu Name of	a C. Lloyd	at (850) 428 - Area Code Daytime	- 3177 Telephone Number
Enclosed is a check for the	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

_ Callahan			LLC
(Name of the Limited L	iability Company as it now a	appears on our records.)	
(A F	Florida Limited Liability Comp	pany)	

the Articles of Organization for this Limited Liability Company were filed on Hill 29, dorida document number 190015329.  This amendment is submitted to amend the following:  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 enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enceptied agent and/or the new registered office address here:	
. If amending name, enter the new name of the limited liability company here:  ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C" or  nter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, en	the abbreviation "L.L.C."
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nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> )	·
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	nter the name of the r
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
Florid	
City	Zip Code
ew 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

or removed	from our records:	ministe, enter the trine ministration and the form the same in	THE GU
MGR = Manager AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address Type of	Action
MGR	Cynthia Gloyd	44651 Pinebreege Circle Add Callahan, 71.32011 Rem	
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If the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	June 18 . 2019.
	Signature of a member or authorized representative of a member
	Cynthia Utyd Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00