## L19000208521

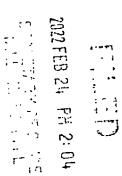
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(Business Entity Name)	
(Document Number)	
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Name Change

D CUSHING

	•	COVERTELLER		
TO: Registration S Division of Co				
SUBJECT:	All About Chicken,	LLC		
	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
	David Sharruf			
		Name of Person		
		Finn/Company		
	701 Port Royal Way			
		Address	<del></del>	
	Pensacola, FL 32502			
		City/State and Zip Code	<del> </del>	
	d_sharruf@hotmail.com			
		to be used for future annual report notif	ication)	
For further information of	concerning this matter, please c	all:		
Gregory P. Fayard, Esq.		850 433-6581		
Name	of Person	Area Code Daytime	Telephone Number	FEB THE
Enclosed is a check for t	he following amount:			12 12
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	FH 2: 04

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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All About Chicken, LLC		
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Cafe 83/90 LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9 Russell Road	
(Principal office address MUST BE A STREET ADDRESS)	Defuniak Springs, FL 32	433
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	701 Port Royal Way Pensacola, FL 32502	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	da
<del></del>	City , Florid	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

Title	Name	Address	Type of Action
			□Remove
			□Change
			□Add
			□Remove
			DAdd
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Add
			Remove
			□Change

-	
	<del></del>
an effectiv ote: If th	date, if other than the date of filing:
record spe is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	2-21- 2022
	Was VIII and
	Signature of a member or authorized representative of a member
	David Sharruf  Typed or printed name of signee