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PICK-UP	MAIT	MAIL		
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	No. of No			
(Do	cument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer				

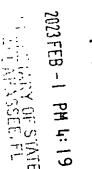
Office Use Only



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4/4/23 V.W.



COVER LETTER

Registration Section Division of Corporations

TO:

	CK FRANCHISING, LLC				
Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	MARIO R DELGADO				
	Name of Person				
	MARIO R DELGADO PA				
	Firm/Company				
	1825 PONCE DE LEON BLVD, NO 214				
Address					
CORAL GABLES FL 33134					
		City/State and Zip Code			
	CORPORATIONS@DRCE	80.COM			
	E-mail address: (to be used for future annual report not	ification)		
For further information e	oncerning this matter, please c	all:			
MARIO DELGADO		305 428-3090			
Name o	Name of Person at () Name of Person Area Code Daytime Telephone Number		ne Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$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)		
Mailing Address: Registration Section		<u>Street Address:</u> Registration Sc	ection		
Division of Corporations		Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SNAP CRACK FRANCHISING, 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 $\frac{9/18/19}{1}$ ____ and assigned Florida document number L19000235375 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SNAP CRACK FRANCHISE, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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:

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

Enter Florida street address

, Florida

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 =	Ma	ına	ger	

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		-	□Add
		-	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			☐Add
		Remove	
			□Change
			□Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ___ _ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. JANUARY 25 2023 Signature of a member or authorized representative of a member MARK A CERECEDA Typed or printed name of signee

Filing Fee: \$25.00