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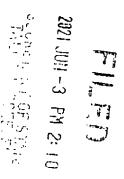
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Certified Copies Certific	cates of Status
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COVER LETTER

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations

P.O. Box 6327

Division of Corpo	rations	,	٠	
SUBJECT:SIA	CITICKEN, Name of Limi	LC ted Liability Company	. **	
The enclosed Articles of Ar	mendment and fee(s) are sub-	nitted for filing.		
Please return all correspond	lence concerning this matter t	to the following:		
,	WENDY A	Name of Person NOERSON, P. 1 Firm/Company	7. : : : : : : : : : : : : : : : : : : :	2021 JUH
	1353 PAL	METTO AVENUADDES	15 15te 100	2021 JUH -3 PH 2: 11
		City/State and Zip Code	1	1;
	Wra@ Wend	be used for future annual report not	fication)	
For further information con	ncerning this matter, please ca	all:		
Wexaly An Nyme of I	derson	at (40) 628 Area Code Daytim	-GOS X (1)	(
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is et	itus &

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TT'S A CHHL CHICKEN LL (Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.)
The Articles of Organization for this Limited Liability Company were filed of Florida document number <u>12100088282</u> .	on February 24, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny here:
TTSA CHICKEN LLC The new name must be distinguishable and contain the words "Limited Liability Company,"	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	Έ ω τ
Enter new mailing address, if applicable:	2:
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on a agent and/or the new registered office address here:	our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address: Eme	r Florida street address
	Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
			□Add
			Remove
			Change
			□Add
			☐ Change
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			Remove
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Filing Fee: \$25.00