## 12/0009/62/3

(Requestor's Name)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	—
(Document Number)	_
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Codifical Coming Codification of Change	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
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Office Use Only



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SECRETARY OF STATE TALLARIAS SEED FILE

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Vision of Edicionation TALLAHASSEE, FLORIDA

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## **Advanced Incorporating Service**

1317 California Street P.O. Box 20396 Talfahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: wlopez@aisincfl.com Website: www.aisincfl.com

Cluck Holdings 1, CC
FOR OFFICE USE ONLY
PICK ONE:
CERTIFIED COPYPHOTOCOPYC.U.S.
FILING:
CORPORATIONLLCLIMITED PARTNERSHIPGENERAL PARTNERSHIP
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FOREIGN QUALIFICATIONJUDGMENT LIEN
OTHER
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GOOD STANDING CERT/C.U.SCERTIFIED COPYPHOTOCOPY
Of
APOSTILLE/NOTARY CERTIFICATION REQUEST:
Country
Amount of Documents
DATE 9/20/21 TIME
Notes:
<u>-</u>

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLUCK HOLDINGS 1, LLC			
( <u>Name of the Lin</u>	nited Liability Company as it now appears ( (A Florida Limited Liability Company)	)n our records.)	-
The Articles of Organization for this Limited	Liability Company were filed on Febru	uary 26, 2021 and	assigned
Florida document number <u>1.21000096213</u>	·		
This amendment is submitted to amend the fo	Howing:		
A. If amending name, enter the new name	of the limited liability company here	<u>:</u> :	
Cluck Holdings1, LLC			
he new name must be distinguishable and contain the	words "Limited Liability Company," the desi	gnation "LLC" or the abbreviations	₹.r.c
Enter new principal offices address, if appli	icable:		<u> </u>
Principal office address MUST BE A STRE	ET ADDRESS)		~
		D.,	(1) (1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
Inter new mailing address, if applicable:		<u> </u>	<u>.</u>
<u>Mailing address MAY BE A POST OFFICE</u>	EBOX)	<del></del>	<u></u>
. If amending the registered agent and/or gent and/or the new registered office address.  Name of New Registered Agent:	registered office address on our reco ess here:  Block & Scarpa	ords, <u>enter the name of the n</u>	iew registe
Now Provintered Office Address.	601 31 a Same of City 401		
New Registered Office Address:	601 21st Street, Suite 401 Enter Florida	street address	
	Vero Beach	, <b>Florida</b> _32960	
	City:	Zip Coa	, _

Account of the standard of the 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.

/s/: Ryan Scarpa

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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fective date, if other than the meffective date is listed, the date mote: If the date inserted in this learners's effective date on the	ust be specific and block does not i	d cannot be prior meet the applic	able statutory	or more than 90 filing requirer	(optiona days after filin nents, this dat	o i Possient	to 605,0 re listed	207 Las
ecord specifies a delayed effect is filed.	ve date, but not	t an effective ti	me. at 12:01 a	.m. on the ear	lier of: (b) = 1	The 90th da	y after t	he
ted September 20		. 2021	_ ·					
	/s/: Fran	k Hennessey						
	Signature of a	member or autho	rized represent	ative of a memb	er			

Filing Fee: \$25.00