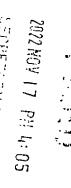
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
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COVER LETTER

TO: Registration Sec Division of Corp	orations	, (0		
SUBJECT:	Franchi t	latz LL			
		ited Liability Company			
·					
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	Ang	el Cruz			
		Name of Person		-	
		<u></u>			
	4612 C	ounty Glen Address	Circle	-	
	Grovetown	Address Address Address City/State and Zip Code A C	313	2022 NO SECRE	er e
	acruz.6 E-mail address: (City/State and Zip Code 3. aca g m c to be used for future annual report	aiL.COM		
For further information co	neerning this matter, please co	all;			
Angel Cr		706 ₅	89-81	9:35	
Name of	Person	Area Code Day	time 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)	Ceranica	iling Fee, te of Status & Copy copy is enclosed	
Mailing Address		Street Address			

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

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Franchi Hatz	2 LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	A . / A
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4612 COUNTRY GIEN CITCLE
(Principal office address MUST BE A STREET ADDRESS)	4612 Country Glen Circle Grovetown, GA 30813
Enter new mailing address, if applicable:	4612 Country Glen Circle Grovetown, GA 30813
(Mailing address MAY BE A POST OFFICE BOX)	Grove town, GA 30813
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 name of the new registered
Name of New Registered Agent:	A A A A A A A A A A A A A A A A A A A
New Registered Office Address: / / /	Enter Florida street address
	, Florida Theo Ext
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	51

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMGR</u>	Angel Cordero	9201 Smithies St. Orlando FL 32827	□Add
	7	Orlando FL 32827	Remove
	4)] 4		Change
	<u> </u>		□Add
			CRemove
	N/A		□Change
	<u> </u>	SECRETA TALL AR	Add
	N/A	AHUS SEE	Change
			□Remove
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The 90th	h day after	delayed e	d is filed.		not an e	ffective t	ime, at 1	2:01 a.ı	m. on t	ne ear	ier c
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