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SECRETARY OF STATE

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. COVER LETTER

Division of Corpo	orations			
subject: <i>В U</i>	RGERS + Name of Limi	FRIES Res	taurant Group	9,660
The enclosed Articles of Ai	mendment and fee(s) are subr	nitted for filing.		
Please return all correspond	lence concerning this matter t	o the following:		
	TODD 50	Name of Person		
	Burgers o	FRIES RUST Firm/Company	au vant Group,	<i>(()</i>
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For further information con	cerning this matter, please ca			
TOOD J Name of P	Kumwa Y erson	at (<u>954)</u> 303 9 (Area Code Daytime	454 E Telephone Number	
Enclosed is a check for the	following amount:			
□ \$25,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

Mailing Address:

TO:

Registration Section

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 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on ___ Florida document number <u>L22000 1190</u>.79 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: Enter Florida street 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

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 <u>Name</u> Address Type of Action MgR TNT LIFE, LLC 184 Nepture Or Frade Hypoluyo, Fr 33462 = Remove MOR TODD Shumany 184 Nepture dr DAdd

HYpologo, FZ 33462 Remove _____ □ Change _____ □Remove _____ □Change ____ □Remove

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Dated	July	25	<u> </u>	20	22/				
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