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(((H24000142952 3)))



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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHICKENS RULE LLC

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APR 23 2024H

I. LEMIEUX

COVER LETTER

	ation Sea n of Com	ction porations		(((H24000142952 3)))
		СНІСКЕ	INS RULE LLC	
SUBJECT:		. Name of Lim	ited Liability Company	
The enclosed Art	ticles of a	Amendment and fec(s) are sub	mitted for filing.	
Please return all	correspo	ndence concerning this matter	to the following:	
		LOVETTE DOBSON		
			Name of Person	
			Firm/Company	
		17350 STATE HWY 249	STE 220	
			Address	
		HOUSTON, TX 77064		
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For further infor	mation co	oncerning this matter, please c	all;	
LOVETTE DOE	BSON		1 (888) 462-3	453
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a che	eck for th	e following amount:		
■ \$25,00 Filin	g Fec	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisio P.O. B	ox 632	ection orporations	Street Address: Registration See Division of Co The Centre of Tellahassee, FI	rporations Fallahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000142952 3)))

CHICKENS	S RULE LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000079381</u> . This amendment is submitted to amend the following:	were filed on 02/13/2023	and assigned
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1708 Sw 117th St	
(Principal office address MUST BE A STREET ADDRESS)	Gainesville, FL 32607	
		<u> </u>
Enter new mailing address, if applicable:	1708 Sw 117th St	
(Mailing address MAY BE A POST OFFICE BOX)	Gainesville, FL 32607	
		(III)
		in the second se
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	e name of the new registered
agent and/or the new registered office address here.		
Name of New Registered Agent:		<u>5</u>
-		ू <u>र</u>
New Registered Office Address:	Enter Florida street address	<u>_</u>
	. Flori	da
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.S	I am familiar with and 5. Or, if this document is
If Cha	nging Registered Agent, Signature of N	ew Registered Agent

(((H24000142952 3)))

4/22/2024 14:05:24 CDT Page: 4/5

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H24000142952 3)))

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Hutson Rapier	1708 Sw 117th St	□Add
		Gainesville, FL 32607	
			≘ Change
AMBR	Vanessa Rapier	1708 Sw 117th St	□Add
		Gainesville, FL 32607	□Remove
			■Change
		_	□Add
			□ Add
			Remove
			Change
			□Add
			□Remove
		west-1980-1980-1980-1980-1980-1980-1980-1980	□Change
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			□Remove
			☐Change (((H24000142952 3)))

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Effective date, if other than the dute of an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	: does not meet the ap	oplicable statutory i	or more than 90 days after the second	ional) or filing.) Pursuant to 605,0 ris date will not he liste	0207 (:d as t
record specifies a delayed effective dad is filed.	ate, but not an effecti	ve time, at 12:01 a	m. on the earlier of: (b) The 90th day after	the
Pated APRIL 19	2024				
	thature of a member of	h Lap'ı	Of a member		
ວາຍຼ					
يرد		utson Rapier			

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