L23000109309

| (Re | equestor's Name) | |
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| (Ad | idress) | |
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| (Cii | ty/State/Zip/Phone | #0 |
| | | MAIL |
| (Bu | isiness Entity Nam | e) |
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| ertified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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09/25/28--01010--008 **30.00



| | | COVER LETTER | |
|---------------------------------------|---|---|---|
| TO: Registration So Division of Co | | 3 | , , |
| BRAZAS C | THICKEN EXPRESS 2 LLC | | |
| SUBJECT: | Name of Lin | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | RAFAEL CATARI | | |
| | | Name of Person | |
| | PREMIER TAX & ACCO | UNTING CONSULTANTS INC | |
| | | Firm/Company | |
| | 12301 LAKE UNDERHIL | L ROAD STE 257 | |
| | | Address | |
| | ORLANDO, FL 32828 | | |
| | | City/State and Zip Code | |
| | RALPH@TRHFIN.ORG E-mail address: (| to be used for future annual report notificat | ion) |
| For further information c | oncerning this matter, please e | atl: | |
| RAFAEL CATARI | | 407 392-1488 | |
| Name o | f Person | at () Area Code — Daytime Te | lephone Number |
| Enclosed is a check for th | ne following amount: | | |
| □ \$25.00 Filing Fee | \$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) |
| Martine Adda | | Course to data | |
| Mailing Address Registration S | Section | Street Address: Registration Sectio | |
| Division of C P.O. Box 632 | | Division of Corpor The Centre of Talla | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

| ARTICLES OF AMENDMENT |
|---------------------------------|
| ТО |
| ARTICLES OF ORGANIZATION |
| OF |

| ARTICLES OF OF | RGANIZATION | · · • |
|--|--|--|
| · OF | | 2023 SEP 25 PM 5: 4 |
| | | 25 PH 5: L |
| BRAZAS CHICKEN EXPRESS 2 LLC | | ······································ |
| (<u>Name of the Limited Liability Company</u> (A Florida Limited Lic | <u>y as it now appears on our records.</u>) ability Company) | |
| The Articles of Organization for this Limited Liability Company w | vere filed on <u>03/01/2023</u> | and assigned |
| Florida document number L23000109309 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabili | ty company here: | |
| The new name must be distinguishable and contain the words "Limited Liability | Company," the designation "LEC" or t | he 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 ad agent and/or the new registered office address here: | dress on our records, <u>enter the</u> | name of the new registered |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florid: | i |
| | City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

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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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMRR = Authorized Member

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| Title | <u>Name</u> | Address | Type of Action |
|-------|--------------|-------------------------|----------------|
| AMBR | WENDY FEDELE | 263 TAMAR CT | 🖬 Add |
| | | ST. AUGUSTINE, FL 32095 | |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

| _ . | 09-19 2023 | |
|------------|--|--|
| Dated _ | · · · · · · · · · · · · · · · · · · · | |
| | \rightarrow \rightarrow \rightarrow \rightarrow | |
| | THE A. | |
| | | |
| | Signature of a member or authorized representative of a member | |
| | | |
| | FRANCISCO DELSOLAR | |
| | Typed or printed name of signee | |