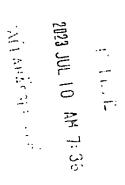
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Special Instructions to Filing Officer:	





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## COVER LETTER

	ation Sec 1 of Corp		rtų.	
Med SUBJECT:	Cane Hol	dings, LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed Art	icles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all o	correspon	dence concerning this matter	to the following:	
		Lisa A. McCane		
			Name of Person	
		McCane Holdings, LLC		
			Firm/Company	
7584 Loch Lomond Drive Address				
			City/State and Zip Code	
		lisa.mccane@chickensalade	chick.com	
		E-mail address: (	to be used for future annual report not	itication)
For further inform	nation co	neerning this matter, please e	all:	
Lisa McCane			606 541-0165	
Name of Person		at () Area Code Daytin	ne Telephone Number	
Enclosed is a che	ck for the	following amount:		
□ \$25.00 Filing	g 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)
	Address ration Se		<u>Street Address:</u> Registration Se	ection
Divisio	on of Co	rporations	Division of Co	rporations
P.O. B	ox 6327	,	The Centre of	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION (L. \_\_ / OF

2023 JUL 10 AH 7: 36

McCane Holdings, LLC		
(Name of the Limited L (A F	ability Company as it now appears on our red lorida Limited Liability Company), ALL MER	cords.)
The Articles of Organization for this Limited Liabil	ity Company were filed on June 22, 2023	and assigned
Florida document number 1.23000300846	·	
his amendment is submitted to amend the following	g:	
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 A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
<ol><li>If amending the registered agent and/or regis gent and/or the new registered office address he</li></ol>		ter the name of the new registe
	<del></del> -	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		Florida
<del></del>	City	Zip Code

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 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
MGR	Lisa A. McCane	7584 Loch Lomond Drive, Alexandria, KY 41001	<b>=</b> Add
			□Remove
			□Change
AMBR	Dalton C. McCane	7584 Loch Lomond Drive, Alexandria, KY 41001	DAdd
			≣Remove
			□Change
AMBR	Sydney A. McCane	7584 Loch Lomond Drive, Alexandria, KY 41001	🗆 Add
			<b>≣</b> Remove
			□Change
			🗆 Add
			□Remove
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(If an effective Note: If the		late must be specifi this block does i	c and cannot be poor to the ap	plicable statuto			ursuant to 605.0207 (3 II not be listed as th
he record sp ord is tiled.	ecifies a delayed e	affective date, bu	t not an effecti	ve time, at 12:0	l a.m. on the earl	ier of: (b) The 9	Oth day after the
Dated July	7		2023				
Dated	Lin	my	1 M 1)	·			
			WILS	/			
ı	// June	Signature	of a member or a	authorized represe	entative of a memb	er	

Filing Fee: \$25.00