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COVER LETTER

	RIED CHICKEN LLC		
_	Name of Limi	ted Liability Company	· · · · · · · · · · · · · · · · · · ·
d Articles of .	Amendment and fee(s) are subr	mitted for filing.	
n all correspo	ndence concerning this matter t	to the following:	
	HIEN TRAN		
	<u> </u>	Name of Person	
	KRISPY FRIED CHICKET	N I.LC	
		Firm/Company	
	15541 MONTESINO DR		
		Address	
	ORLANDO, FL 32828		
		City/State and Zip Code	
	E-mail address: (1	to be used for future annual report noti	ification)
information c	oncerning this matter, please co	all:	
.N		714 271-5963	
Name o	f Person	Area Code Daytin	ne Telephone Number
a check for th	ne following amount:		
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)
		<u>Street Address:</u> Registration Se	ection
ivision of C	Corporations	Division of Co	rporations
			Tallahassee be Street, Suite 810
	information c KRISPY FR d Articles of a n all correspo a check for th Filing Fee ailing Address egistration S ivision of CO. Box 632	Name of Limited Articles of Amendment and fee(s) are substantial correspondence concerning this matter. HIEN TRAN KRISPY FRIED CHICKED 15541 MONTESINO DR ORLANDO, FL 32828 krispychickenking@gmail.e E-mail address: for the following amount: N Name of Person a check for the following amount: Filing Fee \$30.00 Filing Fee &	RRISPY FRIED CHICKEN LLC Name of Limited Liability Company d Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: HIEN TRAN Name of Person KRISPY FRIED CHICKEN LLC Firm/Company 15541 MONTESINO DR Address ORLANDO, FL 32828 City/State and Zip Code krispychickenking@gmail.com E-mail address: to be used for furne annual report not information concerning this matter, please call: N Name of Person T 14 Area Code Daytin a check for the following amount: Filing Fee \$\Bigcirc \$30.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} atting Address: Egistration Section Registration Section Division of Corporations O. Box 6327 The Centre of The Centr

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KRISPY FRIED CHICKEN LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company v	were filed on <u>08/28/2023</u>	and assigned
Florida document number 1.23000402408		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
KRISPY CHICKEN KING LLC		
The new name must be distinguishable and contain the words "Limited Liability	ty 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 a	ddress on our records (enter the name of the new registered
agent and/or the new registered office address here:	duress on our records, s	there the manie of the new registeres
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street d	address
		Florida Zip Code
	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
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			Remove
			Change
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an effective date i lote: If the date	f other than the da i listed, the date must be inserted in this block live date on the Depa	specific and cannot be does not meet the a	applicable statutor	ng or more than 90 day	(optional) s after filing.) Pursuant (s, this date will not b	to 605.0207 (se listed as t
record specifies I is filed.	a delayed effective da	ite, but not an effec	tive time, at 12:01	a.m. on the earlier	of: (b) The 90th day	y after the
, 11/20		2023				
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	Sig	nature of a member of	or authorized represe	mtative of a member	<u> </u>	

Filing Fee: \$25.00