

**L24000023479**

Florida Department of State  
Division of Corporations  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**  
**GOOD FOOD HOSPITALITY, LLC**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$55.00

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# COVER LETTER

H24000029978

**TO: Registration Section  
Division of Corporations**

**SUBJECT: GOOD FOOD HOSPITALITY, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher Sallen

Name of Person

Firm/Company

9962 SE Canary Palm Way

Address

Tequesta, FL 33469

City/State and Zip Code

chris@erchicks.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Sallen

561 313-6837  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
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☐ \$60.00 Filing Fee,  
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(additional copy is enclosed)

**Mailing Address:**

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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

H24000029978

GOOD FOOD HOSPITALITY, 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 were filed on 1/10/2024 and assigned  
Florida document number L24000023479.

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*

\_\_\_\_\_, Florida \_\_\_\_\_  
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 Changing Registered Agent, Signature of New Registered Agent

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

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**MGR = Manager**

**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	CR Chicks Holding Company, LLC	803 Donald Ross Road	<input type="checkbox"/> Add
		Juno Beach, FL 33408	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Rotisserie Legacy LLC	9962 SE Canary Palm Way	<input checked="" type="checkbox"/> Add
		Tecquesta, FL 33469	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**Filing Fee: \$25.00**