

L15000194553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

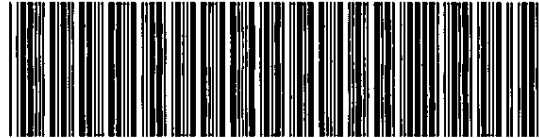
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TALLAHASSEE, FLORIDA

JUN 17 2016

Y SULKER

To: **Registration Section**
Division of Corporations

From: **A Big Squeeze, LLC**

The enclosed Articles of Amendment and fee(s) are submitted for filing,
Please return all correspondence concerning this matter to the following:

Sophie Amsellem
A Big Squeeze, LLC
7900 Harbor Island Drive
North Bay Village Miami, FL 33141
Abigsqueeze@gmail.com

For further information concerning this matter, please call

Sophie Amsellem (305)334-1744

Enclosed

A handwritten signature in black ink, consisting of a stylized, cursive script that appears to be 'S. Amsellem'.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A BIG SQUEEZE, 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:

Sophie Amsellem

Name of Person

A BIG SQUEEZE, LLC

Firm/Company

7900 Harbor Island Drive

Address

North BAY Village, FL 33141

City/State and Zip Code

A BIG SQUEEZE@gmail.com

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

For further information concerning this matter, please call:

Sophie Amsellem

Name of Person

at 305 335-1744

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 &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

ABIG SQUEELE

(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 11-17-2016 and assigned
Florida document number L150000194533

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

City

Florida

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

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

Title	Name	Address	Type of Action
MGR	TRACI S MCILWAIN	1507 MERIDIAN AVE MIAMI BEACH, FL 33139	<input type="checkbox"/> Add
		7900 Harbor BAY DRIVE	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	TRACI S. MCILWAIN	① 7900 Harbor Island Drive North Bay Village, FL 33141	<input type="checkbox"/> Change <input type="checkbox"/> Add
		② 1507 Meridian Ave Miami Beach, FL 33139	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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16 JUN 13 AM 11:17
U.S. DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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.

Dated MAY 18.

2016
Signature of a member of authorized rep

Signature of a member or authorized representative of a member

Sophie Amselem

Typed or printed name of signee