

L15000194553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

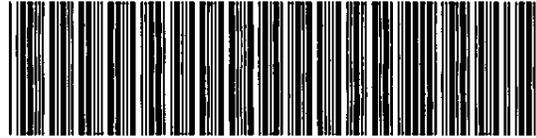
(Business Entity Name)

(Document Number)

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16 JUN 13 AM 11:17  
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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](mailto:Abigsqueeze@gmail.com)**

For further information concerning this matter, please call

**Sophie Amsellem (305)334-1744**

**Enclosed**

A handwritten signature in black ink, appearing to be 'Sophie Amsellem', written over a horizontal line.

**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 at 305 335-1744  
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 & 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*

, 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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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 MENDOTA AVE MIAMI BEACH, FL 33139 <del>7900 Harbor BAY DRIVE</del>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	TRACI S. McILWAIN	① 7900 Harbor Island Drive North Bay Village, FL 33141 ② 1507 MENDOTA AVE MIAMI BEACH, FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Add <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 <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Blank lined area for amendments, crossed out with a diagonal line.

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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.

Dated MAY 18.

2016

Signature of a member of authorized representative of a member

Sophie Amselem

Typed or printed name of signee