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(Document Number)	
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## **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT: POHRY	v Chic LC			
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Melissa So	hultz Name of Person		
	- Pollery Chic	Firm/Company		
	415 pr MI	Madress V		SECRET FALLAHA
	Safety Ha	rtor, 71 34195 City/State and Zip Code		SECRETARY OF STALLAHASSEE FL
	Mell SAM (M.) E-ntail address: (	11+7 O MtMall 6 (to be used for future annual report not	fication)	STATE LORIDA
For further information co	oncerning this matter, please ca	all:		
Maissa SM Name o	III Person	at (8/3) 334- Area Code Daytim	6014 e Telephone Number	-
Enclosed is a check for the	ne 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 Fer Certificate of St Certified Copy (additional copy is	atus &

## 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

Pottery ChickLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.)	_
The Articles of Organization for this Limited Liability Company Florida document number <u>LO 000026212</u> .	y were filed on M	th 13,200 6 a	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the design	nation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			<b>5</b> EE
			2 3
			<b>心</b> 第
Enter new mailing address, if applicable:			P
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			<u> </u>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he  Name of New Registered Agent:		r records, enter the n	ame of the
New Registered Office Address:	Enter Florida s	street address	
	27707 1 101 1002		
	City	, Florida Zip	Code
New Registered Agent's Signature, if changing Registered Agent	,		
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete	ree to act in this cap		

If Changing Registered Agent, Signature of New Registered Agent

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 **Title Name Address** Type of Action <u>Allison Young Journer</u> ☐ Add Remove Change MORM Lynn Webb, owner □ Remove **□**@han \_□ Add ☐ Remov بب ☐ Change ☐ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

'	ormation, enter change(s) here: (Attach additiona	i sneets, if necessary.)
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ote: If the date inserted in t	n the date of filing: the must be specific and cannot be prior to date of filing or more his block does not meet the applicable statutory filing rethe Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605.0 equirements, this date will not be listed
record specifies a de The 90th day after the	layed effective date, but not an effective time record is filed.	e, at 12:01 a.m. on the earlier
ted	,,	
	Signature of a member or authorized representative of	a member
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Filing Fee: \$25.00