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SECRETARY OF STATE
AHASSEF, FLORID.

D. BRUCE
SEP 15 2009
EXAMINER

COVER LETTER

10:	Division of Co		, , , , , , , , , , , , , , , , , , ,	4	•
SUBJE	·CT·	Chrissy	/ Bianchi, LLC		
SOBJE			ited Liability Company		
The end	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
			Christine Bianchi-Rabil		
			Name of Person		
	Chrissy Bianchi, LLC				
			Firm/Company		
	3340 Tamiami Trail E			7 4 0	
			Address		F 1 09 SEP SECREI
		N	Naples, Florida 34112		7
			City/State and Zip Code		ma p m
		E-mail address: (to be used for future annual report notificat	ion)	PMIZ: 10 FOR STATE EE. FLORID.
For fur	ther information	concerning this matter, please of	call:		10 ATE RIDA
	Christ	ine Bianchi-Rabil	at (_239)33	31-2955	
	Name	of Person	Area Code & Daytime T	elephone Numbe	•
Enclose	ed 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)	Certified	ite of Status &
. ,	Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Chrissy Bianchi, LLC Liability Company as it now appea	re on our records			
(A	Florida Limited Liability Company)	is on our records.			
The Articles of Organization for this Limited Li	ability Company were filed on	06/18/2009	and assigned		
Florida document numberL09000059	<u>9498 </u> .				
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liability company her	<u>re</u> :			
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Compa	any," the designation "LL	.C" or the abbreviation		
Enter new principal offices address, if applic	able:		<u></u>		
(Principal office address MUST BE A STREE	T ADDRESS)	- A	2 60		
		HASS:			
Enter new mailing address, if applicable:		SEE.	•		
(Mailing address MAY BE A POST OFFICE	BOX)	FLO	N C		
		CORIDA CORIDA			
B. If amending the registered agent and/oregistered agent and/or the new registered of	•	our records, <u>enter th</u>	e name of the nev		
Name of New Registered Agent:	Christine Bianchi-Rabil				
New Registered Office Address:	3340 Tamiami Trail East				
<u> </u>	Enter Florida street address				
	Naples	, Florida	34112		
	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 608, 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.

It Changing Registered Agent, Signature of New Registered Agent

1. If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> Address Christine Bianchi-Rabil **MGRM** 3340 Tamiami Trail E . ✓ Add Naples, Florida 34112 Remove Add ☐ Remove $\prod Add$ ☐ Remove ☐ Add Remove \square Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 04 2009 Dated __ Signature of a member or authorized representative of a member Christine Bianchi-Rabil Typed or printed name of signee

Page 2 of 2

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