

LO9000120477

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

995079.0001

From: C VESKOVSKI  
Account Name : TRIPP SCOTT, P.A.  
Account Number : 07535000065  
Phone : (954)525-7500  
Fax Number : (954)761-8475

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FOLEY CONSULTING, LLC

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FOLEY CONSULTING, 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 DECEMBER 18, 2009 and assigned Florida document number L09000120477.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ChocXo Chocolatier LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

9461 Irvine Center Drive

(Principal office address MUST BE A STREET ADDRESS)

Irvine, CA 92618

Enter new mailing address, if applicable:

9461 Irvine Center Drive

(Mailing address MAY BE A POST OFFICE BOX)

Irvine, CA 92618

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:

Scott J Jordan, Esq

New Registered Office Address:

c/o Tripp Scott, PA, 110 SE 6th Street, 15th Floor

*Enter Florida street address*

Fort Lauderdale

, Florida

33301

*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.*

Scott J Jordan  
*(Signature)*  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	FOLEY, RICHARD	9461 Irvine Center Drive	<input checked="" type="checkbox"/> Add
		Irvine, CA 92618	<input type="checkbox"/> Remove
MGRM	FOLEY, RICHARD	239 W Key Palm Road	<input type="checkbox"/> Add
		Boca Raton, FL 33432	<input checked="" type="checkbox"/> Remove
MGR	CANINO, TONY		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MR	CANINO, TONY		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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Four horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 1, 2016

Handwritten signature of Scott J. Jordan

Signature of a member or authorized representative of a member

SCOTT J JORDAN, AUTHORIZED PERSON

Typed or printed name of signer

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