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2010 HAR 29 AM ID: 53
SECRETARY OF STATE
ANASSEE, FLORIDA

T. CLINE
MAR 3 0 2010
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporati	ons			
SUBJECT: Wicke	Name of Limi	ted Liability Company		
The enclosed Articles of Amend	Iment and fee(s) are sub	omitted for filing.		
Please return all correspondence	concerning this matter	to the following:		
	Vanessa	Fantucchio Name of Person		
	wicked	Choppers 110	7AS1	
	9136 h	ometa Lvi Address	2010 MAR 29 SECRETARY TALLAHASS	
	port 120	chey 1-1. 34(4) City/Stage and Zip Code	<u>08</u>	
_	E-mail address: (to be used for future annual report notificat	STATE STATE	
For further information concern	ing this matter, please o	eall:		
Vanlssa F Name of Person	antuchio	at (727) 359-41 Area Code & Daytime To	elephone Number	
Enclosed is a check for the follo	_			
\$25.00 Filing Fee \$	30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons r Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wicked Cho	OCYS LLC ity Company as it now appears on our records.)	
(A Florida	a Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L\0000025</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
	TAKE TAKE	
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Company," the designation "LLC or the abbreviation	
Enter new principal offices address, if applicable:	Sign of the second of the seco	
(Principal office address MUST BE A STREET ADL	DRESS)	
	DE SI	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad	istered office address on our records, <u>enter the name of the new</u> ldress 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 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.

If Changing Registered Agent, Signature of New Registered Agent

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 **Address Type of Action Title** <u>Name</u> Vanessa Fantuchio ☐ Add Remove ☐ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00