## 110000059057

	(Requestor's Name)	
	(Address)	
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	(Business Entity Na	me)
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D. SCOTT

JUN 1 2017

## **COVER LETTER**

TO:	Registration Division of C			
CLID IE		hickies, LLC		
SUBJE	CI:	Name of Lin	nited Liability Company	· · ·
The enci	osed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all corres	spondence concerning this matter	to the following:	
		Christina Harper		
			Name of Person	
		Pickie Chickies, LLC		
			Firm/Company	
		6027 SW 54th St. Suite 20	)1	
			Address	<del></del>
		Ocala, Florida 34474		
			City/State and Zip Code	
		christiocala@aol.co		•
			to be used for future annual report notif	一 少 <b>二</b>
For furth	er information	n concerning this matter, please c	all:	600 美工
Christin	a Harper		352 208-2770 at ()	- 3 [
	Nam	e of Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for	r the following amount:		28 28
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MA	ILING ADDRESS:	STREET/COURI	ER ADDRESS:
	Regi Divi P.O.	stration Section sion of Corporations Box 6327 ahassee, FL 32314	Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pickie Chickies, LLC		
(Name of the Limited Liabi (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L10000059057	Company were filed on 7/02/2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited 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 ADD	DRESS)	
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		er-the name of the r
		警告
Name of New Registered Agent:		THE P D
New Registered Office Address:		
	Enter Florida street address . Florida	7. 28
	, 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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Michael J. Cooper	321 NW Third Avenue	
		Ocala, FL 34475	■ Remove
			Change
			□ Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
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Effective date, if other than the date of filing:  f 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
Note: If the date inserted in this block does not meet the applicable statutory fill document's effective date on the Department of State's records.	ing requirements, this date will not be listed as
socialist 5 checitive date on the population of State 5 records.	
ne record specifies a delayed effective date, but not an effective	time, at 12:01 a.m. on the earlier o
The 90th day after the record is filed.	ES S
5-16-17	三三三五
Dated $\frac{3^{-10-17}}{10^{-10}}$	W 30 P
( (V)XXT(I)	
Signature of a member or authorized representati	vo of a mambar
Christina Harper, member	72: 28
	1

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00