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SECRETARY OF STATE
FALLAHASSEE. FLORID

D. BRUCE
FEB 0 4 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Chim mey's LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person Chinney's, LLC Firm/Company 1009 Big Torch Street Address West Palm Beach, Fl 3340 BE City/State and Zip Code Chimney's O GMAil 10m E-mail address/(to be used for future annual report notification)
E-mail address (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Person at (561) 310 -0087 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Cadditional copy is enclosed}\$\$ Certified Copy (additional copy is enclosed)\$\$ (additional copy is enclosed)\$\$ (additional copy is enclosed)\$\$ \$60.00 Filing Fee, \$\ \text{Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$

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

Chimmey's, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our rec liability Company)	ords.)	
The Articles of Organization for this Limited Liability Company Florida document number 4 10000 85415	were filed on <u>08//6</u>	/2010 and assigned	
This amendment is submitted to amend the following:		•	
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi 'L.L.C."	ited Liability Company," the desig	gnation ALC" of the abbreviation	
Enter new principal offices address, if applicable:		ASS -	
Principal office address MUST BE A STREET ADDRESS)	***************************************		
Enter new mailing address, if applicable:		F STATE STATE	
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		, enter the name of the new	
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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGF m</u>	BARBARA Scott	1009 Bis JOACL SINE KINIERA BUACH FC 33407	Add Remove
	·		Add Remove
			Add Remove
			Add Remove
	•		Add Remove
	·		Add Remove
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	<u> </u>
	190-W	LA HASSEE	FILI
		CORIO,	
Dated	Signature of a member	or authorized representative of a member	
		or printed name of signee	<u></u>

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Filing Fee: \$25.00