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EXAMINER



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FILING COVER SHEET ACCT. #FCA-14

			3
CONTACT:	Kim Weiden	bach	4
DATE:	08/30/11		
REF. #:	002083.1535	<u>20</u>	
CORP. NAME:	CHICKSPO	TTING, LLC	
() ARTICLES OF INCO	RPORATION	(XX) ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION
() ANNUAL REPORT		() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME
() FOREIGN QUALIFIC	CATION	() LIMITED PARTNERSHIP	() LIMITED LIABILITY
() REINSTATEMENT		() MERGER	() WITHDRAWAL
() CERTIFICATE OF C	ANCELLATION		
() OTHER:			
STATE FEES PR	EPAID WI	TH CHECK# <u>541301</u>	FOR \$ <u>25.00</u>
AUTHORIZATIO	ON FOR A	CCOUNT IF TO BE DEBITE) :
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Examiner's Initials

() CERTIFICATE OF STATUS

() CERTIFIED COPY () CERTIFICATE OF GOOD STANDING

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INESOR BROKESTATION

	otting, LLC					
(Name of the Limited Lia (A Fic	bility Company	as it now ap	pears on our	records.)		
(A Fic	DIIGE LAMICE HAR	onity Compar	19)			
The Articles of Organization for this Limited Liabi	lity Company w	ere filed on	December	14, 20	10 and assigned	
Florida document number L10000127601	.,	•	•			
Plorida document number	···········					
·						
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	e limited liabili	tv company	here:			
,	·					
The new name must be distinguishable and end with th	A Worde #T imit-	I Lightlitu Co	mnany" the	lecionation '	"I I (" or the abbreviation	
"L.L.C."	o words Limited	I LIBORRY CO	mpany, mo	resignation	Tare, or the approviation	
Mn / 1 1 1 000 11 10 11 11						
Enter new principal offices address, if applicable	•	······································				
(Princival office address MUST BE A STREET A	(DDRESS)		<u></u>			
	•					
,						
Enter new mailing address, if applicable:	_	_44=4,_44=4=		~~~~~~		
(Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>					
	•			,		
B. If amending the registered agent and/or r	registered offic	e address o	n our reco	rds, enter	the name of the new	
registered agent and/or the new registered office	address here:					
Name of New Registered Agent:	Paracorp	Incorpo	rated			
	226 5-1	C1 % 3000				
New Registered Office Address:	236 Fast	6th Ave		do street or	Idraes	
	Enter Florida street address					
_	Tallah			, Florida _	32303	
	•	City			Zip Code	
New Registered Agent's Signature, if changing Regis	stered Agent;					
r.t				Y.C		

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 timited liability company has been notified in writing of this change

If Changing Registered Agent, Signature of New Registered Agent

Page 1 62/mary J Carson Critten

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:

	= Manager // = Managing Membe	; r		
<u>Title</u>	<u>Name</u>	A	ddress	Type of Action
	•			
,		-		Remove
•				_ [] Add .
 · · ·		· · ·		Remove
		·	The same will be a same as a same a same as a same a s	
				Add Remove
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				Add Remove
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				Add Ranove
				
				Add
D. If a	mending any other inf ·	ormation, enter change(s) h	ere: (Attach additional sheets, if necessary.)
				
•				
				
Dated _	August 23	2011	,	_
	-	Signature of a member or au	thorized representative of a member	
	Joe Bovino	The Adams	nied name of signee	

Page 2 of 2

Filing Fee: \$25.00