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(Req	uestor's Name)	
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PICK-UP	MAIT	MAIL
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COVER LETTER

TO: Registration Sec Division of Corp				. •
SUBJECT: Big	Chief Truc	king LLC ted Liability Company		
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspon	ndence concerning this matter t	o the following:		
	Toni Ha	Name of Person	· · · — · — · — · — · — · — · — · — · —	
	P.O. Box	7 18109/ Address		
	Tallahas	see F1 323	318	
	E-mail address: (t	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	ognail. com	'C
For further information co	oncerning this matter, please ca	ill:	(agran. com	
TOO! H (nnah Person	at (<u>\$50</u>) <u>5/0 -</u> Area Code Daytime	5557 Telephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, 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

...

Bio Chief	d Liability Company A Florida Limited Lia	as it new appears of	- ZGI 9 HGY .	-7 Fil 1: 17
The Articles of Organization for this Limited Lia Florida document number 120002	ability Company w	ere filed on	2/28/2012	and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabili	ty company here	:	
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ble:	Company," the designment	gnation "LLC" or the abl	previation "L.L.C "
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>30.Y)</u>			· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered off		ce address on o	ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Chris	Hopher	William	ゴ
New Registered Office Address:		Enter Florado	ı stroet 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 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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member Type of Action Address Title Name Christopher Williams 60688 Fourbooks Ferry Rd Date MGR Harana Fl 32333 | Remove _□ Change _____ □ Add ☐ Remove _____ □ Change □ Add _□ Remove ☐ Change ☐ Add ☐ Remove ____ □ Change _____ □ Remove _____ Change □ Add _□ Remove ☐ Change

Effective date, if other than the date of filing: ((If an effective date is lived the date must be specific and cause be prior to date of filing or more than 90 days after filing it Pursant to 605 0207 (3 Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. Dated Applicative of a member or authorized representative of a member		ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Signature of a member or authorized representative of a member	Dated	Pane Ahre
Too: Hannah		Signature of a member or authorized representative of a member
		Too: Harach