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(Re	equestor's Name)	_
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
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Special Instructions to	Filing Officer:	
		

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COVER LETTER

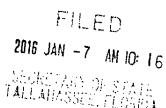
TO:	Registration Se Division of Cor			
SUBJE		KPEA LLC		
30 D 3 E	CI	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		FERDIN F SALEH		
		-	Name of Person	
		THE CHICKPEA LLC		
		 	Firm/Company	
		480 HIBUSCUS ST APT	542	
			Address	
			City/State and Zip Code	
		WEST PALM BEACH, FL	33401 to be used for future annual report notific	
For furt	her information co	oncerning this matter, please ca	·	cation)
FERDI	N SALEH		at () Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d 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



		一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
THE CHICKPEA LLC		
(Name of the Limi	ted Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited L		were filed on AUGUST 23, 2012 and assigned
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	of the limited liab	ility company here:
, <u> </u>		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		FERDIN SALEH
		480 HIBISCUS ST
		WEST PALM BEACH
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and registered agent and/or the new registered o		ffice address on our records, <u>enter the name of the new</u> <u>e</u> :
Name of New Registered Agent:	FERDIN SALE	ЕН
New Registered Office Address:	480 HIBISCUS	
		Enter Florida street address

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.

WEST PALM BEACH

City

If Changing Registered Agent, Signature of New Registered Agent

Florida $\frac{33401}{}$

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>	<u>Address</u>	Type of Action
MGRM	AMANGE SAEED FOAD	235 RUSSLYN DR	
		WEST PALM BEACH, FL 33405	■ Remove
			Change
MGRM DANIEL GOCIC	DANIEL GOCIC	685 PACIFIC GROVE DR APT 4	
		WEST PALM BEACH, FL 33401	□ Remove
			Change
			□ Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			Add
		□ Remove	
			Change
			Add
			□ Remove
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	2016 JAN
Note:	tive date, if other than the date of filing: 12/28/20\5 (optional) fective 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 (3)(b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
f the re b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	$\frac{12/28}{\sqrt{2015}}$
	Signature of a member or authorized representative of a member
	Fordin Saleh Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00