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(Requestor's Name)
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DEC 3 1 2015

COVER LETTER

FO: Registration (Division of C				
CHIK BY	K&M LLC			
	Name of Limited	Liability Company		
	·			
he enclosed Articles of	of Amendment and fee(s) are submitted	ed for filing.		
Please return all corresp	condence concerning this matter to the	ne following:		
	KARYLENE M SOSTRE			
		Name of Person		
	CHIK BY K&M LLC			
		Firm/Company		•
	2425 PLEASANT HILL RD			
		Address		
	KISSIMMEE, FLORIDA 3474	16	·	
		ity/State and Zip Code		
	KARYMARIE1987@GMAIL.C			
	E-mail address: (to be	used for future annual re	port notification)	
or further information	concerning this matter, please call:			
CARYLENE M SOST	RE	863 258- at ()	5419	
Name	of Person	Area Code	Daytime Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified (of Status &

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

FILED
2015 DEC 28 AM II: 56
SECRETARY OF STATE
TALLAMASSEE, FLORIDA

CHIK BY K&M LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	ny were filed on $\frac{01/21}{1}$	/2014	and assigned
Florida document number L14000011231			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here	;	
The new name must be distinguishable and contain the words "Limited Lin	ability Company," the desi	gnation "LLC" or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, <u>enter the</u>	name of the nev
Name of New Registered Agent:			
New Registered Office Address:	New Registered Office Address: Enter Florida street address Florida		
	City	, Florida Zij	p Code
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>		
I hereby accept the appointment as registered agent and a			

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
MGR	MARIA C ZAMBRANO	2454 SHELBY CIRCLE	
		KISSIMMEE, FL 34743	■ Remove
			Change
MGR	JOSE M SIACA-DE JESUS	8016 HEMING WAY CIRCLE	= Add
		HAINES CITY, FL 33844	□ Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			Change
			Add
			☐ Remove
•	•		☐ Change
· 			Add
			Remove
			Change

D. If a	nending any other information, enter change(s) here: (Attach additional sheets, if nece	essary.)
	· · ·	
		2915 D
		FILE FC 28
- ··		LORRIDA LORRIDA
•		
(If an <u>No</u> t	tive date, if other than the date of filing: NOVEMBER 30, 2015 (option of the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after if the date inserted in this block does not meet the applicable statutory filing requirements, this ment's effective date on the Department of State's records.	filing.) Pursuant to 605.0207 (3)(
	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a e 90 th day after the record is filed.	a.m. on the earlier of:
Dat	x MONO	
	Signature of a member or authorized representative of a member	
4	KARYLENE M SOSTRE Typed or printed name of signee	

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Filing Fee: \$25.00