1400/63941

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COVER LETTER

	egistration Se ivision of Cor					
SUBJECT	Chop Stick					
NODJEC I	•		ited Liability Company	.		
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	rn all correspo	indence concerning this matter	to the following:			
		Laura Hope Richards				
	Name of Person					
		Richards Law Firm, PA				
Fírm/Company						
		151 Southhall Lane Suite 2	230 ;-			
			Address			
		Maitland, FL 32751				
		stephanie@littlemissacupun	City/State and Zip Code acture.com			
		E-mail address: (to be used for future annual report notif	ication)		
For further	information c	oncerning this matter, please ca	all:			
Stephanie	Koslowski		315 430-8850	•		
	Name o	f Person	at () Area Code Daytime	: 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

Chop Stick, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L14000163941 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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.

City

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>	<u>Address</u>	Type of Action
MGR	Richards Law Firm, PA	151 Southhall Lane, Suite 230	
		Maitland, FL 32751	□ Add
			■ Remove
MGR	Stephanie Kosłowski	67 N Main Street	■ Add
		Homer, NY 13077	
			Remove
			☐ Change
			Add
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F Effec	tive date if other than the date of filing: (ontional)	
(If an el	tive date, if other than the date of filing: (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant	Lto 605.020
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not nent's effective date on the Department of State's records.	be fisted a:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	earlier o
(b) The	e 90th day after the record is filed.	
	August 23 2018	
	than 25 2016	
Dated		
Dated	$\mathcal{J}A$ (

Page 3 of 3

Filing Fee: \$25.00