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TAILAHASSEE, FLORIDA

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K.SALY EXAMINER AUG 17 2015

COVER LETTER

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CLUB MCC		OLLINSWORTH ENTERPRI	SES, LLC	
SUBJEC	1:	Name of Limi	ted Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please ret	urn all correspoi	ndence concerning this matter	to the following:	
		ANGELA J. JONES		
	Name of Person LOCKLIN, SABA, LOCKLIN & JONES, PA Firm/Company 4557 CHUMUCKLA HIGHWAY Address PACE, FLORIDA 32571 City/State and Zip Code AJJONES@LJSLAWFIRM.COM E-mail address: (to be used for future annual report notification) arther information concerning this matter, please call: ELA J. JONES Name of Person Area Code Daytime Telephone Number assed is a check for the following amount: 25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)			
		LOCKLIN, SABA, LOCK	LIN & JONES, PA	
			Firm/Company	
		4557 CHUMUCKLA HIG	HWAY	
			Address	
		PACE, FLORIDA 32571		
			City/State and Zip Code	
		•		-
		•	·	ation)
For further	er information co		all:	
ANGEL	A J. JONES	c.		
	Name of	Person		Celephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	00 Filing Fee		Certified Copy	Certificate 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 AUG 14 PM 3: 56
SECRETARY OF STA

GINGER COLLINSWORTH ENTERPRISES, 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 Company were filed on NOVEMBER 26, 2014 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: THE CHICKEN COOP ENTERPRISES, LLC 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

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

, Florida

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
AMBR	GINGER COLLINSWORTH	3950 OMEGA STREET	
		PACE, FL 32571	Remove
			■ Change
AMBR	RICHARD E. ROBITZSCH	917 CANDY LANE	
		CANTONMENT, FL 32533	□ Remove
		<u> </u>	☐ Change
			Add
			20 Romove TALLAHASSEE
			Add 3: 50 PRINTER Remove
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Effective date, if other than the d	ate of filing:		(optional)	
fan effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	e specific and cannot be pri k does not meet the appl	icable statutory filing req	an 90 days after filing.) Pur	suant to 605.0207 not be listed as
e record specifies a delayed of The 90th day after the recor		not an effective time	, at 12:01 a.m. on t	the earlier of
Dated AUGUST 12	2015			
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- CAM	$M, C \sim$	thorized representative of a		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00