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TO: **Registration Section Division of Corporations** SUBJECT: The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Taylor M. Chenney Bitchin Gistera & Coupani 25601 NW 2854h 1040 Che hely Orockethau . Com
E-man address: (to be used for future annual report notification) For further information concerning this matter, please call: 10ylor Chenry at (299) 404.1109
Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy

## **MAILING ADDRESS:**

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

## ARTICLES OF ORGANIZATION

Bixchin'	sisters & company 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 Liabi	• • • • • • • • • • • • • • • • • • • •					
This amendment is submitted to amend the following	ing:					
A. If amending name, enter the new name of th	e limited liability company here:					
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicabl	annaliahaa ti alaga					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	25601 NW 285th DIVE OKELCHOBEL, FL 34972					
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:	1aylor M. Chesney					
New Registered Office Address:	25601 NW 28544 Drue  Enter Florida street address					
-	OKERCHOBER Florida 34972					
New Registered Agent's Signature, if changing Reg	City Zip Code					

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.

or removed	Hom our records:	• 1
MGR = . M AMBR = A	anager uthorized Member	
<u>Title</u>	Name	Address Type of Action
MGR	Holly Branch	2428 9E 38 1/ail Add
		OKELLIOBEL, FL 34974 Remove
MOR	laylor Chenney	25001 NW 285 LL D1. DrAdd  OKCCLOBEL, FL 34972 Remove
	<b>y</b>	OKECHOBEL, FL 34972 Remove
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Effec	etive date, if other than the date of filing: (optional)			
(If an e	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) It the date inserted in this block does not meet the applicable statutory filing requirements, this date w	Pursuant ill not b	to 605. e liste	0207 (3)( d as the
docu	ment's effective date on the Department of State's records.			
		41		
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. of e 90th day after the record is filed.	n the e	earne	r or:
Date	d 1/210, 2016.			
	d 1/210 , 2016. S. Cherrey			
	Signature of a member or authorized representative of a member		<del></del>	
	Taylor M. Chesney			
	Typed or printed name of signee			

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Filing Fee: \$25.00