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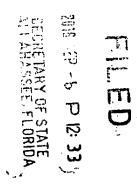
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Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Name of Lim	ited Liability Company	
mendment and fee(s) are sub	mitted for filing.	
dence concerning this matter	to the following:	
Michael Gleissner		
	Name of Person	
	Firm/Company	
1601 Harrison Street	Address	· · · · · · · · · · · · · · · · · · ·
Hollywood FL 33020		
1101ly Wood, 1 L 33020	City/State and Zip Code	
sitematrix.corporateservices E-mail address: (Chigfootventures.com To be used for future annual report notion	fication)
cerning this matter, please ca	all:	
-	at (<u>305</u>) <u>804-6108</u>	
Person	Area Code Daytim	e Telephone Number
following amount:		
□ \$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)
G ADDRESS: ion Section of Corporations 6327 see, FL 32314	Registration Section Division of Corpor Clitton Building 2661 Executive Ce	on rations enter Circle
	Michael Gleissner 1601 Harrison Street Hollywood, FL 33020 sitematrix.corporateservices E-mail address: (cerning this matter, please caterson following amount: \$\square\$\$\$ \$\\$30.00 \text{Filing Fee & Certificate of Status}\$\$\$\$\$\$ GADDRESS: ion Section of Corporations 6327	Name of Person

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liabili (A Florida	ity Compan a Limited Li	y as it now appears on our records.) ability Company)			
The Articles of Organization for this Limited Liability C	Company v	were filed on February 10, 2016		and ass	igned
Florida document number <u>1,16000028959</u>	·				
This amendment is submitted to amend the following:				2016	فالمد
A. If amending name, enter the new name of the lim	ited liabi	lity company here:	S. A.	:3	
			333	ψ,	
The new name must be distinguishable and contain the words "Lim	nited Liabili	ty Company," the designation "LLC" or	the abbrevi	ation L.	L.C
Enter new principal offices address, if applicable:		1601 Harrison Street	STAT	<u>~</u>	D
(Principal office address MUST BE A STREET ADDI	RESS)	Hollywood, FL 33020	DA DA	3	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1601 Harrison Street Hollywood, FL 33020			
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent: Michael Michael			enter the	name	of the new
N D 1 1007 111					
New Registered Office Address: 1601	Harrison S	Enter Florida street address		<u>.</u>	
Holly	wood	, Florid	da <u>33020</u>	 	
•		City	Z	ip Code	
New Registered Agent's Signature, if changing Registere	ed Agent:				

717 110

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 sonfirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signiture of New Registered Agent

Page 1 of 3

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 = Ma AMBR = Au	nnager nthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			🗆 Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			□ Remove
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