

L16000118327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 AUG -4 A 11:10
TALLAHASSEE, FL

AUG 05 2016
BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: badchicsonly LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

bolivia williams

Name of Person

Firm/Company

3710 nw 10ave

Address

miami fl 33127

City/State and Zip Code

badchicsonly@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

bolivia williams

at (786)

340-7416

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 Conv

☐ \$60.00 Filing Fee,
Certificate of Status &

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2016 AUG -4 A 11:00
TELEPHONE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Bad Chipsonly 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 6/20/2016 and assigned
Florida document number L16000118327.

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

City

Zip Code

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

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>	<u>Type of Action</u>
AMBR	BOLIVA WILLIAMS	3710 NW 10AVE	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FILED
MAY 11 2011
FBI - TAMPA

2016 AUG -4 AM 11:11
TALLAHASSEE, FLORIDA

FILED
2016 AUG -4 A 11:11
FBI - TAMPA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated 07/29/2016

Signature of a member or authorized representative of a member

BOLIVIA WILLIAMS

Typed or printed name of signee