L16000118327

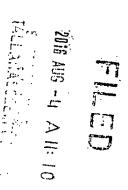
(Requestor's Name)
(Address)
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(Business Entity Name)
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AUG 0'5 2013 ' BRUCK

COVER LETTER

TO:	Registration Se Division of Cor					
CHDI	badchicson	ly LLC				
SUBA	<u> </u>	Name of Lim	ited Liability Company	·		
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	e return all correspo	ondence 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 repor	t notification)		
For fu	rther information c	oncerning this matter, please c	all:	_	_>	
bolivi	ia williams		786 340-74	<u>.</u>	2915	
	Name o	f Person	Area Code D	aytime Telephone Number	1 - 01 ·	
Encio	sed is a check for the	he following amount:		in the second se	: }	177
	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Certificate o		D

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sad Chiconly LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

of Organization for this Limited Liability Company were filed on 6/20/2016 and as

	y were filed on 6/20/2016	and assigned
Florida document number L16000118327		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lis</u>	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	oility 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)		
		r the name of the n
		r the name of the n
		r the name of the n
Pegistered agent and/or the new registered office address he Name of New Registered Agent:		r the name of the n
registered agent and/or the new registered office address he		r the name of the n
Pegistered agent and/or the new registered office address he Name of New Registered Agent:	re: Enter Florida street address , Florida	20 6 AUG
	Enter Florida street address , Florida City	r the name of the n

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>	Address	Type of Action
AMBR	BOLIVA WILLIAMS	3710 NW 10AVE	■ Add
			□ Remove
			Change
			Add
			☐ Remove
			□ Change
· · · · · · · · · · · · · · · · · · ·		_	Add
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			□ Remove
			☐ Change

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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of fine Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	(optional) ling or more than 90 days after filing.) Pursuant to 605.02 ory filing requirements, this date will not be listed
the record specifies a delayed effective date, but not an effe) The 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00