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(Address)

(Address)

(City/State/Zip/Phone #)

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COMMONS
OCT 24 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 11 CHICKS Wholesale-Division 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:

Damary Schbeede
Name of Person

11 Chicks Wholesales Div. LLC
Firm/Company

199 DR MLK JR ST. N.
Address

Saint Petersburg FL 33710
City/State and Zip Code

elevenchicks@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Damary Schbeede at (727) 678 1427
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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**

11 Chicks Wholesales Division LLC

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

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HISIGN

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned

Florida document number _____

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)

199 DR MLK JR ST. N
ST. PETERSBURG FL 33710

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:

XIONAIBA WEBSTER

New Registered Office Address:

3711 30TH AVE N

Enter Florida street address

ST PETERSBURG

City

Florida

33713

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	Mitchell Schleede	4651 26 th Ave N.	<input type="checkbox"/> Add
		ST PETERSBUR FL 33713	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Xiomaira Webster	3711 30 th Ave N.	<input checked="" type="checkbox"/> Add
		ST PETERSBUR FL 33713	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

See Letter Attached

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E. Effective date, if other than the date of filing: 10/17/2017 (optional)

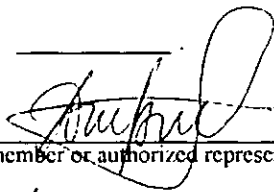
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

b) The 90th day after the record is filed.

Dated 10/17/2017



Signature of a member or authorized representative of a member

Damary Schleede

Typed or printed name of signer

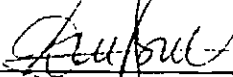
**Election and Consent to Apply Normal Accounting Rules
Section 1377(a)(2)**

11 Chicks Wholesale Division, LLC, EIN 81-4679677, FYE 12/31/2017

The above referenced corporation elects under Section 1377(a)(2) to have the rules provided in Section 1377(a)(1) applied as if the tax year consisted of two tax years. This election is made with respect to the termination of the interest of Mitchell T Schleede on July 1, 2017 resulting from purchase of all his shares of stock by Damary C Schleede.

Under penalties of perjury, the undersigned declares that she is an officer of the above referenced corporation duly authorized to make this election.

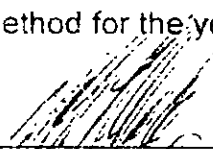
July 24, 2017



Damary C Schleede, Manager Member

Consent of Affected Shareholders

The undersigned, being all affected shareholders of the above referenced corporation at any time during the tax year ended December 31, 2017, hereby consent to the above election with respect to the adoption of the normal accounting method for the year then ended.



Mitchell T Schleede



Damary C Schleede