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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Biker Chick Clothing 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:
Derrick Marchison Name of Person
B:ker Chick Clothing CLC Firm/Company
5285 lighthouse RO Address
City/State and Zip Code City/State and Zip Code
For further information concerning this matter, please call:
Name of Person at (407) 496 0834 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 & Certificate of Status

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

TO **ARTICLES OF ORGANIZATION OF**

Viker chick clothing LLC	-
(Name of the Limited Liability Company as It now (A Florida Limited Liability Con	appears on our records.) appany)
the Articles of Organization for this Limited Liability Company were filed lorida document number	on february 8, 2017 and assigned
his amendment is submitted to amend the following:	
If amending name, <u>enter the new name of the limited liability comp</u>	any here:
ne new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	wing .
	17
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
Tauing address MAI BE A FOST OF FICE BOAT	
. If amending the registered agent and/or registered office addregistered agent and/or the new registered office address here:	ess on our records, enter the name of the n
Name of New Registered Agent:	
New Registered Office Address:	
Έν	nter Florida street address
	, Florida
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.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Filing Fee: \$25.00