

L17000072113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

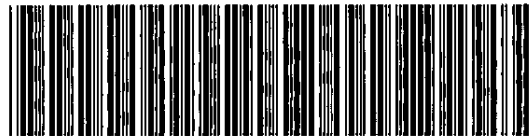
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2017 MAY -9 AM 9:35  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAY 11 2017  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Chixer 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:

Beata Schulman  
Name of Person

Chixer LLC  
Firm/Company

1116 S 14th Ct  
Address

Tampana FL 33462  
City/State and Zip Code

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

For further information concerning this matter, please call:

Beata Schulman at (561) 907-1000  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 19, 2017

BEATA SCHULMAN  
1116 S 14TH CT  
LANTANA, FL 33462

SUBJECT: CHIXHER LLC  
Ref. Number: L17000072113

2017 MAY -9 PM 4:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for CHIXHER LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 317A00007616

2017 MAY -9 AM 9:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**FILED**

**TO  
ARTICLES OF ORGANIZATION  
OF**

Chixher 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 03.30.2017 and assigned Florida document number L 17000072113

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)**

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TALLAHASSEE FLORIDA

**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:**

~~Add Authorized member~~

Name of New Registered Agent:

AMBR = Beata Schutman

New Registered Office Address:

1116. S 14th Ct

Enter Florida street address

Lantana

City

Florida

33462

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

**MGR = Manager**  
**AMBR = Authorized Member**

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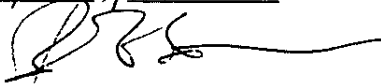
E. Effective date, if other than the date of filing: 04-13-2017 (optional)

(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.

If 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 4/13/17 5/25/17



Signature of a member or authorized representative of a member

Beata Schulman

Typed or printed name of signee

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