L17000209528

(Requestor's Name) (Address)	
(Address)	
(Address)	
(Address)	
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) rtified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address)	
(Addiess)	
(City/State/7in/Phone #)	
(Sity/States/2)p// Halle ny	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(220,000 20,000)	
(Document Number)	
(2.000,	
ertified Copies Certificates of Status	
Special Instructions to Filing Officer:	
<u> </u>	
Office Use Only	
Office Use Only	
5	
X	
X	
X	
21 23 AH	
2017 6CT 23 AH 8: 22	



200304775722

10/24/17--01001--028 **60.00

FILED

17 0CT 23 AMII: 04

NEW AND AREA OF STATE

NEW AND AREA OF ST

S. WARREN OCT 2 5 2017

COVER LETTER

Division of Cor	porations		
Two Tar	t Chicks, LLC		
GOORGE.		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Lisa A Shults		
		Name of Person	
	-	Firm/Company	
	499 Caroline Blvd		
		Address	
	Madison, MS 39110		
		City/State and Zip Code	
	twotanchicks/@yahoo.com E-mail address: (1	to be used for future annual report notific	ration)
For further information co	oncerning this matter, please co	all;	
Lisa A Shults		606 416-1621	
Name o	Person	at ()	Felephone Number
Enclosed is a check for th	ee following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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
TaBlahassee, F1, 32301

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

	-	
(Name of the Limited L.	ability Company as it now appears on o orda Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabil lorida document number $\frac{1.17000209528}{1}$	ty Company were filed on October	10, 2017 and assigned
This amendment is submitted to amend the followin	ä :	
A. If amending name, enter the new name of the	limited liability company here:	
The new name amust be distinguishable and contain the words	"I imited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	;	
<u> Principal office address MUST BE A STREET A</u>	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOY	2	
Mailing address MAY BE A POST OFFICE BOY		
3. If amending the registered agent and/or i	egistered office address on our	records, enter the name of the
3. If amending the registered agent and/or i	egistered office address on our	records, <u>enter the name of the</u>
3. If amending the registered agent and/or i egistered agent and/or the new registered office	registered office address on our address here;	
3. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our address here: Enter Florida st	

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 United Liability company has been notified in writing of this change. If Changing Registered Agent, Signature of New Register 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	Larry Shults	499 Caroline Blvd	■ Add
		Madison, MS 39110	□ Remove
			☐ Change
			Remove
			Change
			Add
			☐ Remove
			Change
		 	Add
			Remove
			☐ Change
			☐ Remove
			Change Change Change 23 Add
			A Remove
			ANTI Change

		<u> </u>		
				
	· · · · · · · · · · · · · · · · · · ·			
	<u></u>			
——————————————————————————————————————				
				
				
				
ive date, if other than :	the date of filing:		60	ptional)
ective date is listed, the date	must be specific and cann	ot be prior to date of filir	ng or more than 90 days a	after filing.) Pursuant to 605
If the date inserted in this ent's effective date on the	s block does not meet t e Denartment of State*	he applicable statutor s records	y filing requirements,	this date will not be list
	t repartment or same			
ord specifies a delar 90th day after the r	yed effective date, record is filed	, but not an effect	tive time, at 12:0	1 a.m. on the earlie
Journal, arter the i	ccord is med.			
October 18	2()17		
	70	·		<u> </u>
1/1/1	S. LA			7 0C
CHILL R	Signature of a month	oer or authorized represe	ntaris a rata mambas	
		action automorphod represe	oracive of a inchider	:2: N →
		1		23 E
Lisa A Shults		,		

Page 3 of 3

Filing Fee: \$25.00