L18000160752

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Horchuuz,	Homz, & Chicks Llc		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	David Sandage		
		Name of Person	
	Horchuuz Horns & Chicks	Lle	
		Firm/Company	
	5870 Medjool Rd		
		Address	
	Grant, Fl 32949		
		City/State and Zip Code	
	david_sandage@yahoo.com		<u> </u>
For further information of	i:-mail address: (concerning this matter, please ea	to be used for future annual report notifull:	fication)
David Sandage			1.4300
Name o	of Person		e Telephone Number
Enclosed is a check for t	he 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:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION **OF**

Horchuus, Hornz & Chicks LLC

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our rec liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number L18000160752	were filed on $\frac{7-2-2019}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "I	.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	2028 TĂL
(Principal office address MUST BE A STREET ADDRESS)		T I
		ASSET 6
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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:	BE THE TOTAL OF THE	DAJU M. SAUDAG		
New Registered Office Address:	5870 Medjool Rd			
	Enter Flor	rida street address		
	Grant	, Florida 32949		
	City	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

or removed	from our records:		
MGR = M AMBR = A	1anager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	5-9-2022					
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tunem senective date on the Departure	in or state's records.					
ecord specifies a delayed effective date, b	out not an effective ti	me. at 12:01 a.m.	on the earlier of:	(b) The 90	Oth day af	fter the
is filed.				(*)		
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