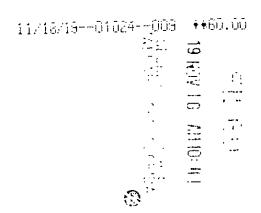
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(Requestor's Name)
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(Document Number)
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COVER LETTER

Division of Cor	porations		
subject: <u>Chi</u>	Cago Italia Name of Lim	an Ice LL(ited Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Name of Person	
	-chicago	Italian ICE	CUC
	841	Prudential Address	dr
	Jackso	CityState and Zip Code O Halianchica o be used for future animal report noti	19-32207
	Sqles (c) E-mail address (f)	b) Halianchico To be used for future animal report noti	1990 COM
For further information c	oncerning this matter, please or	ıll:	
Terry (Griffith Person	at (<u>312</u>) <u>523</u> Area Code Daytim	- 1355 e Telephone Number
Enclosed is a check for th	ne following amount:		,
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional 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 Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number \(\textit{L196000 2105}\rightarrow\)	were filed on 1-18-10	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	841 Prudential	De = = = = = = = = = = = = = = = = = = =
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	841 Prudenta Scalsonville	1 Or = = = = = = = = = = = = = = = = = =
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	ldress
		, Florida
	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 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 **Title** Name. <u>Address</u> **Type of Action** 17131 Cathering & Circle Chinan Dadd ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove 19 _□ Change □Ãdd Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Tective date, if other than neffective date is listed, the date its: If the date inserted in this cument's effective date on the record specifies a delative 90th day after the	e must be specific a lis block does not he Department of ayed effective	nd cannot be prior meet the applic. State's records.	able statutory fi	r more than 90 days : ling requirements,	this date will	l not be l	listed
ted November	4	2019					
	V I			/ \			
	Signature of	nember or a the	rized representa	ise of a member	-		

Page 3 of 3

Filing Fee: \$25.00