

L20000174334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

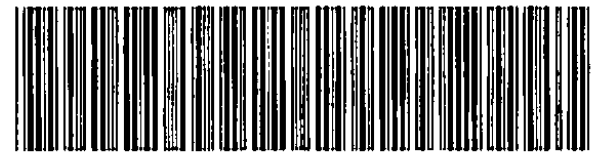
(Business Entity Name)

(Document Number)

Copies _____ Certificates of Status _____

Instructions to Filing Officer:

Office Use Only



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11/08/22--01012--012 ++35.00

SECRETARY OF STATE
TALLAHASSEE, FL

2022 NOV -8 PM 1:39

FILED

Registration Section
Division of Corporations

SIP AND CHILL LLC

Name of Limited Liability Company

Articles of Amendment and fee(s) are submitted for filing.

All correspondence concerning this matter to the following:

ANDRES GUTIERREZ

Name of Person

JUST CHILL NUTRITION

Firm/Company

6540 W ATLANTIC BLVD

Address

MARGATE FL 33063

City/State and Zip Code

0814ag@gmail.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDRES GUTIERREZ

954 4784925

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$0.00 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 0321
Tallahassee, FL 32314

Street Address:

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

SECRETARY OF STATE
TALLAHASSEE, FL

2022 NOV -8 PM 1:39

FILED

**TO
ARTICLES OF ORGANIZATION
OF**

SIP AND CHILL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 06/23/2020 and assigned document number L20000174334.

Amendment is submitted to amend the following:

Ending name, enter the new name of the limited liability company here:

Name must be distinguishable ~~and~~ contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Principal office address, if applicable:

6540 W ATLANTIC

(If office address MUST BE A STREET ADDRESS)

MARGATE FL 33063

Mailing address, if applicable:

(Address MAY BE A POST OFFICE BOX)

Ending 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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

City

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is intended 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

Manager
Authorized Member

<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
ANDRES GUTIERREZ	3201 NE 183RD ST APT 1408. AVENTURA FL 3316	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
EMMILY AYBAR	8850 ROYAL PALM BLVD #202 CORAL SPRINGS	<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
		<input type="checkbox"/> Add
		<input type="checkbox"/> Remove
		<input type="checkbox"/> Change
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		<input type="checkbox"/> Change

Adding any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for providing additional information or changes.

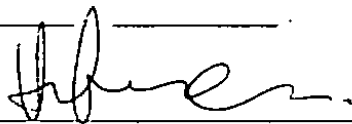
Effective date, if other than the date of filing: _____ (optional)

If the 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)(c), if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the member's effective date on the Department of State's records.

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 date of filing.

OCTOBER 10

2022



Signature of a member or authorized representative of a member

VALENTINA ECHAVARRIA

Typed or printed name of signee