117000136814

| (Requestor's Nam | e) |
|---|----------------|
| (Address) | |
| (Address) | |
| (Ĉity/State/Zip/Ph | one #) |
| PICK-UP WAIT | MAIL |
| (Business Entity N | Name) |
| (Document Numb | er) |
| Certified Copies Certifica | ites of Status |
| Special Instructions to Filing Officer: | |
| | |
| | , |
| | ; |





500298963265

07/19/17--01015--019 *+25.00

FILED
2017 JUL 19 PH 4:31

K. SALY JUL 2 1 2017

COVER LETTER

| | egistration Se ivision of Cor | | | |
|------------------|----------------------------------|--|---|--|
| SUBJECT | . Chelsea Ve | ntures Group | | |
| зовлюст | · | Name of Lim | ited Liability Company | |
| The enclose | ed Articles of . | Amendment and fee(s) are sub | mitted for tiling. | |
| Please retui | rn all correspo | ndence concerning this matter | to the following: | |
| | | Peter Malinosky | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 3315 w beaumont st | | |
| | | | Address | |
| | | tampa fl 33611 | | |
| | | ptmn23@gmail.com | City/State and Zip Code | |
| | | | to be used for future annual report notifi | cation) |
| For further | information co | oncerning this matter, please ca | all: | |
| Peter Malii | - | | at () 813-5495 Area Code Daytime | |
| | Name of | FPerson | Area Code Daytime | Telephone Number |
| Enclosed is | a check for th | e 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZOIT JUL 19 PM 4:31

PALLAHASSEE, PLORID;

Chelsea Ventures Group

(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 Lia | ability Company were | filed on <u>6/23/17</u> | and assigned |
|--|-----------------------------|-------------------------|---------------------------------------|
| Florida document number L17000136814 | | | |
| This amendment is submitted to amend the follo | wing: | | |
| A. If amending name, enter the new name of | the limited liability c | ompany here: | |
| The new name must be distinguishable and contain the we | ords "Limited Liability Cor | npany," the designati | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applica | ıble: | | _ |
| (Principal office address MUST BE A STREET | TADDRESS) | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE E | <u></u> | | |
| | | | |
| B. If amending the registered agent and/o | or registered office a | ddress on our | records, enter the name of the new |
| registered agent and/or the new registered off | | | |
| | | | |
| Name of New Registered Agent: | | | · |
| New Registered Office Address: | | | |
| | | Enter Florida stred | et adaress |
| | | itv | , Florida Zip Code |
| New Registered Agent's Signature, if changing R | | i) | Ση Coue |
| Thereby accept the appointment as registered | _ | one in Alvin manageri | to I forther agree to comply with the |
| provisions of all statutes relative to the prope | | | |
| accept the obligations of my position as regis | tered agent as provia | led for in Chapte. | r 605, F.S. Or, if this document is |
| being filed to merely reflect a change in the re company has been notified in writing of this c | | iss. I hereby conj | arm that the limited liability |
| , | () | | |
| | | | |

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|---------------------------|---------------------------------|----------------|
| AMBR | Chitthasack Noythanongsay | PO BOX 76237 ST PETERSBURG F (- | |
| | | 33734 | Remove |
| | | | Change |
| | | | Add |
| | | | □ Remove |
| | | | ZELVALLA P |
| | · | | TILLAH SSETTE |
| | | | TERemos 4: 3 |
| | | | |
| | | | ☐ Remove |
| | | | Change |
| | | | 🗅 Add |
| | | | ☐ Remove |
| | | | Change |
| | | | 🗆 Add |
| | | | Remove |
| | | | ☐ Change |

| | | | | |
|--|---|--|-------------------|------------------------------|
| | . | | . . | |
| | | | | |
| | | | | |
| - | | | | Ę |
| | | · · · · · · · · · · · · · · · · · · · | | 73. J. |
| | | | | 7 |
| | | | | 77. 0 |
| | | | | SCENE SIN |
| | | | | 25 F. |
| | | | | |
| | | - u | | |
| | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | |
| | | | | |
| | . | | | |
| | | | | |
| *** | | | | |
| | | | | |
| | | | | |
| ective date, if other than the effective date is listed, the date in this learners on the fermion of the electric date on the fermion of the electric date on the fermion of the electric date on the learners of the electric date of the elec | ust be specific and cannot be block does not meet the ap | prior to date of filing or moplicable statutory filing | | ng.) Pursuant to 605.0207 (. |
| record specifies a delaye The 90th day after the re | | t not an effective t | ime, at 12:01 a.m | . on the earlier of: |
| 7/17/17 ted | | , 17 | | |
| | JA N | | | |
| / | | authorized representative | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00