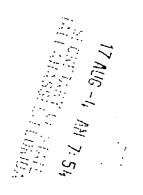
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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
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COVER LETTER

TO: Registration 8 Division of Co			
Chelsea V SUBJECT:	entures Group		
SOBJECT.	Name of Lin	nited Liability Company	
	f Amendment and fee(s) are sub	_	
Please return all corresp	ondence concerning this matter	to the following:	
	Peter Malinosky		
		Name of Person	
	Chelsea Ventures Group		
		Firm/Company	
	3315 w beaumont st		
		Address	
	tampa/fl 33611		
	ptmn23@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please e	all:	
Peter Malinosky		702 813-5495	
Name	of Person	at ()	Telephone Number
Enclosed is a check for	the 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)
МАП	JNG ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chelsea Ventures Group		
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabil	it now appears on our records.) ity Company)	
The Articles of Organization for this Limited Liability Company were	e filed on June 23 2017	and assigned
Florida document number L17000136814		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRESS)	- · · <u></u>	
_		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		·- <u> </u>
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the	uame of the ne
		7
Name of New Registered Agent:	<u></u>	
New Registered Office Address:		
	Enter Florida street address 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, <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>	Address	Type of Action
MGR	Peter Malinosky	3315 w beaumont st	_B Add
		tampa fl 33611	☐ Remove
			□ Change
			Add
			□ Remove
			Change
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			□ Remove
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fective	date, if other than the date of filing:	(optional)
<u>ote:</u> If t	we date is listed, the date must be specific and cannot be prior to he date inserted in this block does not meet the applicable effective date on the Department of State's records.	date of filing or more than 90 days after filing.) Pursuant to 60 le statutory filing requirements, this date will not be lis
	d specifies a delayed effective date, but not a 0th day after the record is filed.	an effective time, at 12:01 a.m. on the earl
7/3 ited	1/17	,
nea	711	
	Signature of a monocer or authoriz	zed representative of a member
	Peter Malinosky /	/ /

Page 3 of 3

Filing Fee: \$25.00