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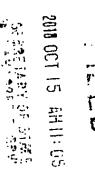
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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M. MILLIGAN OCT 20 2018

# **COVER LETTER**

TO: Registration Sec Division of Corp		- ^	<i>.</i>	
SUBJECT:	Name of Lim	Ventures (	Swab	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Peter	2 May Name of Person	05kJ	<u>.</u>
		,		
	3301	Firm/Company  Willa	Rosa	st
		Address		
	1/4	MOA FL	33611	
	Pfm:	Chy/State and Zip Code  2-3 @ gma to be used for future ginnual rep	ort notification)	
For further information co	ncerning this matter, please ca			
Peter	MACINOSKY	at ( <b>702</b> )	813 - 5 Daytime Telephone	495
isalite of	reison	Area Code	Daytime relephone	Number
Englosed is a check for the	e following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclose	ed) (	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**

Chelsea	Ventures	Group
(Name of the Limited Liability Compan (A Florida Limited L	ability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number <u>L17000136</u> .814	were filed on6 - 6	23-17 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
		200
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation '	'LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	_	was Co
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ords, enter the name of the new
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida street a	ddress
	City	. Florida 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>	<u>Address</u>	Type of Action
AMBR	CHitthorackNoy	tha wongsay	Po Box 76237 Add
,	r	St P	Po Box 7623 7 Add  Hers hum fl 33734 Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			Remove
			Change
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			Change

•	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on	the ea	rlier of:
	O0th day after the record is filed.		
The		(元) (1) (1) (2)	201 <b>0</b> C
	90th day after the record is filed.	10年 日本 1	2010 001 15

Page 3 of 3

Filing Fee: \$25.00