

L18000060298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

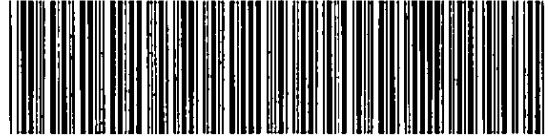
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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L18-60298

04/04/18--01022--020 **35.00

FILED
SECTION 57 FOR
DIVISION 57
2018 MAY 21 PM 3:09

N. CAUSSEAU

MAY 23 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2018

APRIL BRAY
FIRST LIGHT ACCOUNTING & PAYROLL
4100 A1A SOUTH
ST. AUGUSTINE, FL 32080

SUBJECT: CHOCOLATTES, LLC
Ref. Number: L18000060298

We have received your document for CHOCOLATTES, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

You completed the form for a corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 718A00006896

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHOCOLATTES, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

April Bray

Name of Person

First Light Accounting & Payroll

Firm/Company

4100 A1A South

Address

St. Augustine, FL 32080

City/State and Zip Code

april@firstlightaccounting.com

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

For further information concerning this matter, please call:

April Bray

904 461-9550
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

CHOCOLATTES, LLC

(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 Liability Company were filed on 03/07/2018 and assigned
Florida document number L18000060298.

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending 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:

First Light Accounting & Payroll Inc.

New Registered Office Address:

4100 A1A South

Enter Florida street address

St. Augustine

Florida 32080

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Lisa M Dallaire	1093 A1A Beach Blvd #376	<input type="checkbox"/> Add
		St. Augustine, FL 32080	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2010 MAY 2 PM 3:09
 SECRETARY G. J. J.
 VISITING

2018 MAY 21 PM 3:03

FILED
JUL 2 2018
CLERK OF DISTRICT COURT
JUL 2 2018
2018 MAY 21 PM 3:09

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 5 May 16th 2018

Signature of a member or authorized representative of a member--

Lisa M. Dallaire
Typed or printed name of signee