L15000087117

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(Document Number)
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COVER LETTER

TO: Registration Division of C			
	chaels LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Chad Gibson		
		Name of Person	
		Name of Person	
	6328 Mackenzie St		
		Address	
	Orlando, FL 32807		
		City/State and Zip Code	
	thegibster@gmail.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information	n concerning this matter, please ca	all:	
Chad Gibson			
Nam	e of Person	Area Code Daytime	: Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$ 25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Add</u> Registratio		Street Address: Registration Sec	ction

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chad Michaels LLC		620
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our rec Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L18000087117</u>		and assigned PHI No. 53
This amendment is submitted to amend the following:		- '
A. If amending name, enter the new name of the lim	ited liability company here:	
Chad Gibson LLC		
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	····	
	Enter Florida street aa	ldress
		, 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, 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>	Address	Type of Action
			□Add
			Remove
			□ Change
			□ Add
			□ Remove
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ran effe <u>Note:</u>		the date must ed in this blo	be specific ck does n	and cannot be p of meet the ap	plicat			e than 90 day:		Pursuant to 605.0207 rill not be listed as
	ord specifies 90th day afte				not	an effe	ective tin	ne, at 12:	01 a.m. o	n the earlier of
Dated]	July 29th			2020		_ ·				

Typed or printed name of signee