ease print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000020092 3)))



**Note:** DO NOT hit the REFRESH RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

\*\*Enter the email address for this business entity to be used for future" annual report mailings. Enter only one email address please.\*\*



## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NORTHBOUND SERVICES LLC

Certificate of Status	0 '
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**JAN 17 2024** 

TO:

Registration Section

#### **COVER LETTER**

Divi	ision of Corp	orations			
SUBJECT:		OUND SERVICES LLC			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Limi	ted Liability Company		<del></del>
The enclosed	Articles of A	Amendment and fee(s) are sub-	nitted for filing.		
Please return	all correspor	idence concerning this matter t	to the following:		
		Cheyenne Moseley			
			Name of Person	<del></del>	
		Legalzoom.com, Inc.			
			Firm/Company		
		101 N Brand Blvd 11th Fl			
			Address		
		Glendale, CA 91203			
			City/State and Zip Code		- Start gage Milled Strates Adjusted to
		father_rights@yahoo.com			
		E-mail address: (t	o be used for future annual:	report notification)	
For further in	formation co	ncerning this matter, please ca	II:		
Cheyenne M	oselcy		800 773	3-0888	
	Name of	Person		Daytime Teleph	ione Number
Enclosed is a	check for the	e following amount:			
□ \$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enco		S60.00 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 To:

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NORTHBOUND SERVICES LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number L18000232434	ompany were filed on 10/01/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
Chop Chop Don't Stop LLC		
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
_		: <del>5</del> ,2
	به	
B. If amending the registered agent and/or regist	tered office address on our records, g	nter the name of the
registered agent and/or the new registered office addr	<u>ress here</u> :	· · · · · · · · · · · · · · · · · · ·
		70
Name of New Registered Agent:		<u> </u>
N. D. State and O.S. A. d. Janese		့္သုံး မူ 🐣 🗀
New Registered Office Address:	Enter Florida street address	<del>*************************************</del>
	. Florid	la.
	, riving	144

#### 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

\_\_\_\_ □ Change

☐ Remove

# If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Title	<u>Name</u>	Address	Type of Action
<del></del>			Add
			Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
***************************************		According to the second of the	O Add
			☐ Remove
		<del></del>	□ Change
			Add
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			Add
			□ Remove

. , Page: 16 of 21	2024-01-15 17:42:03 PST	13236068205	From: R <b>a</b> jiv S
If amending any other informat	ion, enter change(s) here: (Attach add	litional sheets, if necessary.)	
**************************************			
			unert research
	and an		<del></del>
			<del></del>
			ally special distribution years of the contract of
			<del></del>
***************************************			<del> </del>
			<del></del>
Effective date, if other than the	date of filing:	(optional)	
fan effective date is listed, the date must Note: If the date inserted in this blo	be specific and cannot be prior to date of filing out does not meet the applicable statutory f	or more than 90 days after filing.) Purs iling requirements, this date will r	uant to 605.0207 (3)(b) not be listed as the
document's effective date on the Do		- ·	
ne record specifies a delayed The 90th day after the reco	effective date, but not an effective of the street of the	e time, at 12:01 a.m. on t	he earlier of:
The sources since the real	······································		
Dated 12/29/2023			
( )U			
(At	$\overline{\Omega}_{0}$ $\sim VV$		

Ta:

Typed or printed name of signee

Antonio Moriceau

Filing Fee: \$25.00