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SECRETARY OF STATE

APPROVEL AND FILED

1.0.50/cl

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT: 309 W.C	Chelsea LLC Name of Limit	sd Liability Company			
The enclosed Articles of A	amendment and fee(s) are subm	itted for filing			
Please return all correspon	idence concerning this matter to	the following:			
		Michelle Bergier Name of Person			
		Firm/Company			
		3904 W Granada St		2019	
		Tampa, FL 33629 City/State and Zip Code		2019 MAR 15	FE
	E-mail address: (1	bergiers@gmail.com	(cation)	D PH	je d
For further information c	oncerning this matter, please ca	dl.		三	
	e Bergier FPerson	at (<u>813</u>) <u>335-1489</u> Area Code Daytime	: Telephone Number	- º [∞] -{ ω	
Enclosed is a check for the	he following amount:				
图 \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing For Certificate of S Certified Copy (additional copy is	itatus &	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

309 W Chel	sea LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ability Company)		
he Articles of Organization for this Limited Liability Company	were filed on 3/4/2019	and assigned	
florida document number <u>£19000061853</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
N/A			
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	N/A		
Enter new mailing address, if applicable:			
	N/A	لب المارية المارية الساء 	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:	e:N/A		
New Registered Office Address:		<u></u>	
New Negligieres Office Auditoria.	Enter Florida street address		
	, Flor	ida	
	Cay	Zip Code	
New Registered Agent's Signature, if changing Registered Agents			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I furth performance of my duties, and provided for in Chapter 605, F.	S. Or, if this document is	
lf Chu	nging Registered Agent, <u>Signature of</u>	New Registered Agent	

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APPROVED AND FILED 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 = Ma $AMBR = Aa$	unager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Gregoire Bergier	3904 W Granada St	® ^dd
		Tampa, FL 33629	Remove
			☐ Change
			Add
			Remove
			Change
			2019 HAR 1
			2019 HAR 15 PH 4: 13
			Change
			□ Add
			□ Remove
			Change
			🗖 Add
			Remove

Page 2 of 3

_□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records	605,0207 (3 listed as th	χb) e
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlb). The 90th day after the record is filed.	arlier of:	
Dated 3/13/2019	_	
Signature of a member or authorized epresentative of a member		
Michelle Bergier Typed or printed name of signee	_	

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Filing Fee: \$25.00