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SECRETARY C. STATE

COVER LETTER

TO:

Registration Section

Division of C	orporations			
	OR THE BOYS, 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	pondence concerning this matter	to the following:		
	CHASE KELLEY			
		Name of Person		
	SHOP FOR THE BOYS	LLC		
		Firm/Company		
	2038 FRONT ST			
	Address			
	VALRICO FL 33594			
		City/State and Zip Code		
	96chase@gmail.com			
	E-mail address: (to be used for future annual report notific	cation)	
For further information	n concerning this matter, please c	all:		
CHASE KELLEY		813 601-4509		
Nam	e of Person		Telephone Number	
Enclosed is a check fo	r the following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
P.O. Box 6	n Section Corporations	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL.	orations Illahassee Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHOP FOR THE BOYS, LLC		
(<u>Name of the Limited Liability Company as it now appear</u> (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{06}{1000}$	27/19 and assi	gned
Florida document number <u>L19000169085</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :	
CHICK CHASE, LLC		
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	esignation "LLC" or the abbreviation "L.I	(`.''
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	2020 SEC	
	AA A	
	25 - 0 SS - 0	-
Enter new mailing address, if applicable:	m _C =	
(Mailing address MAY BE A POST OFFICE BOX)		
	Ric 1	
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here: Name of New Registered Agent:	ecords, <u>enter the name of the new</u>	reg
New Registered Office Address: Enter Flor	ida street address	
	. Florida	
Cin-	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
			□Change
			□Add
			AH CARemove
			OC HAND
			☐Remove ☐Change
			□∧dd
			□Remove
			Change
			□Add
			□Remove
			□Change

Page 2 of 3

Any problems or questions you can contact me at (813)-601-	4509
Thank you!	
	7.5. 2920 F.E. 2020
	AF A
	A A A A A A A A A A A A A A A A A A A
	OR OR
ive date, if other than the date of filing:	(optional)
If the date inserted in this block does not meet the applicable statument's effective date on the Department of State's records.	ntory filing requirements, this date will not be list
ient s crective date on the Department of State s records.	
cord specifies a delayed effective date, but not an eff	ective time, at 12:01 a.m. on the earli
90th day after the record is filed.	
4/8/20 Chan Velley Signature of a member of authorized repr	
	resentative of a member