L19000235560

(Requestor's Name)					
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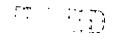
TO:	Registration Se Division of Cor		3	y	
enn n		ging Chaos LLC			
SUBJECT:Name of Limited Liability Company					
The en	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing		
		ndence concerning this matter	_		
		Kelsey Polasek			
		-	Name of Person		
		ZenBusiness INC			
	Firm/Company				
		5511 Parkerest Drive STE	103		
			Address		
		Austin, Texas, 78731			
		-	City/State and Zip Code		
		fulfillment@zenbusiness.co	om to be used for future annual report notif	cation)	
For fu	rther information c	oncerning this matter, please ca			
		-	844 493-6249		
Kelsey Polasek c/o ZenBusiness INC Name of Person		at ()	Telephone Number		
	Name	rretsm	Area Code Vayanie	reception runner	
Enclos	sed is a check for th	ne following amount:			
≡ \$3	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres Registration S		Street Address: Registration Sec	tion	

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



2021 NOV 12 AM 3: 40 Mom Managing Chaos 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 $\frac{9-18-2019}{2}$ and assigned Florida document number $\frac{L19000235560}{}$ 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 "LLC." 2940 Dawn Road Jacksonville, FL 32207 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 352 Palisade Drive St. Augustine, FL 32092 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: New Registered Office Address: Enter Florida street address

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.

City

_. Florida <u>___</u>

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
AMBR	Kristen Wilkinson	352 Palisade Drive St. Augustine, FL 32092	🗆 Add
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E. Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the E	ist be specific and cannot be prior to lock does not meet the applical	o date of filing or more than 90 da ble statutory filing requireme	_(optional) ays after filing.) Pursuant to 605,0207 (3 nts, this date will not be listed as the
f the record specifies a delayed effecti- ecord is filed.	ve date, but not an effective tin	ne, at 12:01 a.m. on the earlie	r of: (b) The 90th day after the
Dated November 5	2021		
	istan Wilkinson Signature of a member or author		
	Signature of a member or author	ized representative of a member	
Kristen Wilkinson			
	Typed or printed	Inquie of signee	

Filing Fee: \$25.00