

L19 000 280200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

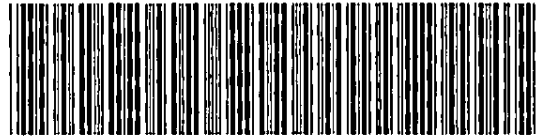
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100353753191

10/19/20--01018--018 **60.00

10/19/20
10:00 AM
STATE
CLERK
OFFICE

Amend/Name Change

10/19/2023

D CUSHING

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: CHOPTOUT, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GAELE M ALCARAZ

Name of Person

CHOPTOUT, LLC

Firm/Company

12715 TROWBRIDGE LN

Address

TAMPA, FL, 33624

City/State and Zip Code

missgaelcalz@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GAELE M ALCARAZ

770 757-4166 8am to 12 am

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

FILED
STATE
CLERK
SEP 10 2015

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CHOPTOUT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

RECEIVED
2020 MAR 13 PM 1:45
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF HILLSBORO, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MARCH 27th 2020 and assigned
Florida document number 119000280200.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Miss Gaelle, LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

12715 TROWBRIDGE LN

TAMPA, FL, 33624

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12715 TROWBRIDGE LN

TAMPA, FL, 33624

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:

GAELE M ALCARAZ

New Registered Office Address:

12715 TROWBRIDGE LN

Enter Florida street address

TAMPA

City

Florida 33624

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

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated SEPTEMBER 29TH 2020

Gaelle M ALCARAZ
Typed or printed name of signer

Filing Fee: \$25.00