

L20 0000 37768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

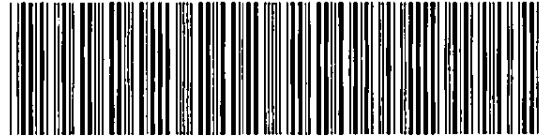
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100430637091

100430637091 **55.00

RECEIVED

2024 JUN 25 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2024 JUN 25 PM 10:21

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHOP PACE II 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:

Sarah Bolinder

Name of Person

Chop Barbershop LLC

Firm/Company

4500 W Shannon Lakes Drive Unit 2

Address

City/State and Zip Code

Tallahassee Florida 32309

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

FILED
2024 JUN 25 PM 10:21
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Sarah Bolinder

850

3451090

at (_____) _____

Name of Person

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

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

Chop Pace 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 1/31/2020 and assigned
Florida document number L20000037768.

This amendment is submitted to amend the following:

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

Chop Pace II 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)

4500 W Shannon Lakes Drive

Unit 2

Tallahassee Florida 32309

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:

Sarah Bolinder

New Registered Office Address:

4500 W Shannon Lakes Drive Unit 2

Enter Florida street address

Tallahassee

Florida

32309

City

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Chop Barber Shop LLC	4500 W Shannon Lakes Drive Unit 2	<input checked="" type="checkbox"/> Add
		Tallahassee Florida 32309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
		Marc Slager	<input type="checkbox"/> Add
		2739 Gemstone Circle	<input checked="" type="checkbox"/> Remove
		Pace Fl 32571	<input type="checkbox"/> Change
		Kellie Lloyd	<input type="checkbox"/> Add
		2739 Gemston Circle	<input checked="" type="checkbox"/> Remove
		Pace Fl 32571	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 JUN 25 PM 10:23
SECRETARY OF STATE
TALLAHASSEE, FL

2004 JUN 25 PM 10:21
SECRETARY OF STATE
TALLAHASSEE, FL

SECRETARY OF STATE
TALLAHASSEE, FL
2024 JUN 25 PM 10:21

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00