L20000145888

(Requestor's Nam	ne)
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(City/State/Zip/Ph	one #)
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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

	ONADE CHRONICLES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	indence concerning this matter	to the following:	
	TATIANA N ALLEN		
		Name of Person	
	TT'S LEMONADE CHRO	NICLES LLC	
		Firm/Company	
	3500 NW 14TH CT		
		Address	
	LAUDERHILL, FLORIDA	A 33311	
		City/State and Zip Code	
	TEAMGATES2010@GMA	AL.COM to be used for future annual report notified.	fication)
For further information c	oncerning this matter, please ca		
TATIANA N ALLEN		954 867-6393 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne 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 Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C	Section	Street Address: Registration Sec Division of Cor	
P.O. Box 632	•	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our recorded Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp. Torida document number L20000145888	oany were filed on 05/28/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	52	
		21
		NAW C
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		% <u></u>
		် ယ 9
3. If amending the registered agent and/or registered off gent and/or the new registered office address here:	ice address on our records, <u>ent</u>	er the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	Iress
		Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

TTS LEMONADE CHRONICLES LLC

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
AMBR	TATIANA N ALLEN	3500 NW 14TH CT	≣Add
		LAUDERHILL, FLORIDA 33311	□ Remove
			☐ Change
			□Add
			Change
			□Add
			Remove
			Change
			□Add
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(If an effe <u>Note:</u> I	date, if other than the date of filing:
he record ord is file	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated [CEMBER 27TH 2020
	Signature of a member or authorized representative of a member
	,
	TATIANA N ALLEN

• • •

Filing Fee: \$25.00