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## **COVER LETTER**

`TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

CHASE	STEELY LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles (	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Chase Steely			
		Name of Person	<del></del>	
		Firm/Company		
	804 NE 16th Avenue			
		Address		
	Fort Lauderdale FL 333	04		
		City/State and Zip Code		
	chase@joinforcesventure	es.com to be used for future annual report no	(theation)	
For further information	concerning this matter, please e	·	inication)	
Chase Steely		+10 30584919 at ()	18	
Name	of Person	Area Code Daytir	ne 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)	<ul> <li>\$60.00 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>	
Mailing Addre		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHASE STEELY LLC		
(Name of the Limited Liability (A Florida I	Company as it now appears on our records amuted Liability Company)	(,
The Articles of Organization for this Limited Liability Co	mpany were filed on 07/06/2020	and assigned
Florida document number L20000191430		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ed liability company here:	
No gamble no future LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
Principal office address MUST BE A STREET ADDRE	ESS)	23
		EB -
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Enter new mailing address, if applicable:		SS P
Mailing address MAY BE A POST OFFICE BOX)		TI S 2
		ATE ATE
3. If amending the registered agent and/or registered	office address on our records, <u>enter t</u>	he name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	rida
	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>	Name	Address	Type of Action
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			□Remove
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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this black document's effective date on the D	ock does not	I meet the applic	able statutory:	or more than 90 days Tling requirement	optional) safter filing.) Pursi s, this date will n	iant to 605.0207 (3) of be listed as the
he record specifies a delayed effectiv ord is filed.	e date, but no	ot an effective t	ime, at 12:01 a	m, on the earlier o	of: (b) The 90th	day after the
Dated		2023	·			
	Signature of a	a member or auth	orized represent	tive of a member		<del></del>

Filing Fee: \$25.00