L20 000 198060

(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: Special Instructions to Filing Officer: Spake with A. Conrit on New entry (216120 to AP) rew entry Name
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December 8, 2020

ALLAN V. COMRIE CHEMMIST "L.L.C" 2755 N. BANANA RIVER BLVD. #20 MERRITT ISLAND, FL 32952

SUBJECT: CHEMMIST "L.L.C" Ref. Number: L20000198060

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L20000099338-THE GERMBUSTERS LLC; L19000133887-GERM BUSTER LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 820A00024522

Susan Tallent Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	CHEMMIS	it L.L.C.	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Allan	v Comrit	
	1111011	Name of Person	
	CHEMA	NIST L.L.C.	
		Firm/Company	
	275	5 N. Banana Address	River Blud. #20
	<u>Merri</u> mist	H Island, Fl City/State and Zip Code erny@aol. (to be used for luture annual report not	_ 32952 Com
For further information con	cerning this matter, please ca	·	meanon
_		at (321) 43 Area Code Daytim	1 - 6844 ne Telephone Number
Enclosed is a check for the	following amount:		
Payable to Fla Dept. of St	□ \$30.00 Filing Fee & Certificate of Status 4€	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 500 Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Ser Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHEMMIST	L.L.C
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company
The Articles of Organization for this Limited Liability Co Florida document number $\underline{L2000198060}$ This amendment is submitted to amend the following:	Company as it now appears on our records.) Limited Liability Company) ompany were filed on 7 16 2020 and assigned
rus amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
1 GermBusters L	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:	2755 N. Banana River Dr.
(Principal office address MUST BE A STREET ADDRI	11 11 1 5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	P.O. Box 2064 Titusville FL 32781-2 office address on our records, enter the name of the new register
Name of New Registered Agent:	Allan V. Comire
New Registered Office Address:	2755 N. Banana River Dr.
	Nerritt Island Florida 32952 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.

f 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
AMBR	Allan V. Comire	P.O. Box 2064	□Add
		Titusville, FL 32781	- 2064 _{Remove}
			©Change
MGR	Ivan B. Pena	P.O. Box 2064	□Add
		Titusville FL 32781	1-2064]Remove
			🗗 Change
			□Add
			□Remove
			Change
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			☐Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective III)	tive date, if other than the date of filing:
If the record record is file	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 d.
Dated _	10/27/2020 2020.
	Signature of a member or authorized representative of a member
	Allan V. Comire Typed or printed name of signee

Filing Fee: \$25.00