

L20000209780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

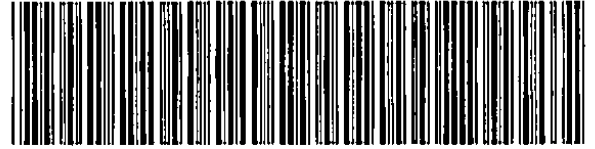
(Business Entity Name)

(Document Number)

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2020 NOV -9 PM 4: 23  
SECRETARY OF STATE  
TALLAHASSEE, FL

12/16/20

Or

TO: Registration Section  
Division of Corporations

SUBJECT: Chic Drip L.L.C.  
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:

Shaquandra Johnson  
Name of Person

Chic Drip Fashion House L.L.C.  
Firm/Company

1030 airbours dr.  
Address

Panama city, florida 32401  
City/State and Zip Code

Chic Drip@mail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shaquandra Johnson at (850) 271-8034  
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

TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2020 NOV -9 PM 4:23

Chic Drip LLC

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

CLERK OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 07/20/2020 and assign  
Florida document number 20000209780.

This amendment is submitted to amend the following:

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

Chic Drip Fashion House 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)

1030 arbores Dr.

Panama City FL 32401

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1030 arbores Dr.

Panama City FL 32401

**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:

Shaquandra Johnson

New Registered Office Address:

1030 arbores dr.

*Enter Florida street address*

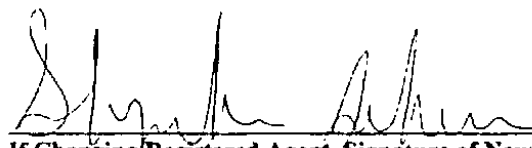
Panama City  
*City*

Florida

32401  
*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 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**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

**Type of Ac**

☐ Change

[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

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

Signature of a member or authorized representative of a member

Shaquandra Johnson  
Typed or printed name

Typed or printed name of signee