

L20 000305481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

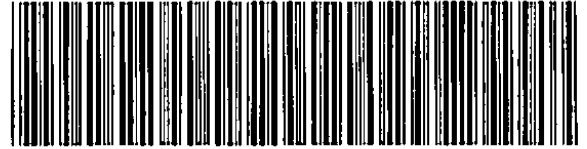
(Business Entity Name)

(Document Number)

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2023 NOV 13 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
DEC 17 2020

TO: Registration Section
Division of Corporations

SUBJECT: Satchell Investments, 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:

Megan Chen
Name of Person

Satchell Investments LLC
Firm/Company

2255 NW 119th St Apt 17
Address

MIAMI, FL 33167
City/State and Zip Code

Satchellinvestments11@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Megan Chen at (305) 562 7440
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Satchell Investments, LLC

2023 NOV 13 PM 1:49

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

TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 9/28/2020 and assigned
Florida document number L20000305481.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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 agent and/or the new registered office address here:

Name of New Registered Agent:

Megan Chen

New Registered Office Address:

Enter Florida street address

Florida

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.

Megan Chen

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	2023 NOV 13 PM 1:49	<u>Type of</u>
<u>MGR</u>	<u>Livia Satchell</u>	<u>SECRETARY OF STATE</u>	<input type="checkbox"/> Add	
		<u>ALABAMA, FL</u>		
		<u>2255 NW 119th St. Apt 17</u>	<input checked="" type="checkbox"/> Remove	
		<u>Miami, FL 33167</u>		
			<input type="checkbox"/> Change	
<u>P</u>	<u>Megan Chen</u>	<u>2255 NW 119th St. Apt 17 Miami, FL</u>	<input checked="" type="checkbox"/> Add	
		<u>33167</u>		
			<input type="checkbox"/> Remove	
			<input type="checkbox"/> Change	
			<input type="checkbox"/> Add	
			<input type="checkbox"/> Remove	
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			<input type="checkbox"/> Change	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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SECRETARY OF STATE
TALLAHASSEE, FL

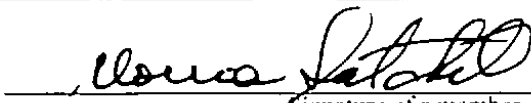
E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 record is filed.

Dated _____



Signature of a member or authorized representative of a member

Uovia Satchell

Typed or printed name of signee