

L20 000321732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

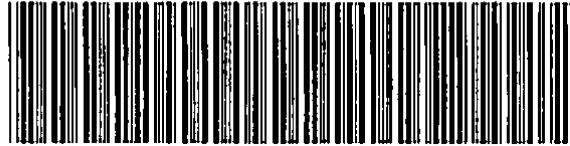
(Document Number)

Certified Copies _____ Certificates of Status _____

2/8/21

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2021 FEB -8 AM 8:11

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021-01-29

January 29, 2021

MELITA GRIFFIS
CHASING DREAMS CONSIGNMENT & THRIFT STOR
110 SW KNIGHTINGALE
KEYSTONE HEIGHTS, FL 32656

SUBJECT: CHASING DREAMS CONSIGNMENT AND THRIFT STORE, LLC,
Ref. Number: L20000321732

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):

FOR LETTER A., IF YOU ARE NOT CHANGING THE ENTITY NAME, PLEASE REMOVE IT FROM THIS LINE.

The document must be signed by a member or an authorized representative of a member.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 321A00002165

**Registration Section
Division of Corporations**

Chasing Dreams consignment & Thrift Store

SUBJECT: _____
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

use return all correspondence concerning this matter to the following:

Melita Griffis

Name of Person

Chasing dreams consignment & Thrift

Firm/Company

110 knightingle st

Address

Keystone heights Florida 32656

City/State and Zip Code

mgriffis09@gmail.com

E-mail address: (to be used for future annual report notification)

further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

losed 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**

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Chasing Dreams consignment & thrift store LLC,

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

Articles of Organization for this Limited Liability Company were filed on 10/12/2020 and assigned
Florida document number L20000321732.

This amendment is submitted to amend the following:

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

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)

110 SW Knightingale St

Keystone heights fl 32656

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

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:

Melita Griffis

New Registered Office Address:

110 SW knightinJgale street

Enter Florida street address

Keystone

Florida 32656

City

Zip Code

By 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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

GR = Manager

MBR = Authorized Member

<u>tle</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GR	Melita F Griffis	210 Brock rd	<input checked="" type="checkbox"/> Add
		Florahome , Fl 32140	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
GR	Kaitlyn C McCormick	36400 Pine street	<input type="checkbox"/> Add
		Hillard, Fl 32036	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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 605.0207 (3)(b)
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.

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 1 is filed.

ated 12-8 . 20

Melita F. Griffiths

Signature of a member or authorized representative of a member

Melita F. Griffiths

Typed or printed name of signee