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COVER LETTER

	Registration So Division of Cor						
CHESTIC		BRANCH & LAGNIAPPE, LL	C				
SUBJEC	.1:	Name of Lim	ited Liability Company	·			
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please re	turn all correspo	ondence concerning this matter	to the following:				
		TONY LAGMAN					
		**************************************	Name of Person		•		
		CHAPEL BRANCH & LZ	AGNIAPPE, LLC				
			Firm/Company		•		
	2829 YELLOW JACKET DR						
			Address	·	•	<u>~3</u>	
		VERNON, FL 32462			823 A		
			City/State and Zip Code			10	
		LAGNIAPPESERVICES@				ယ	
		E-mail address: (to be used for future annual rep	oort notification)		70	
For furth	er information c	concerning this matter, please c	all:			FH 12: 48	
TONY I.	.AGMAN		850 209-9	9873	rn m	ά	
	Name o	of Person	Area Code	Daytime Telephone Number			
Enclosed	l is a check for the	he following amount:					
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certified	te of Statu		
	Mailing Address Registration		<u>Street Add</u> Registrati	ress: on Section			
	Division of C			of Corporations			
	P.O. Box 632	27	The Centi	re of Tallahassee			
	Tallahassee.	F1, 32314	2415 N. N	Aonroe Street, Suite 8	01		

Tallahassee, FL 32303

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

CHAPEL BRANCH & LAGNIAPPE, LLC		
(Name of the Limited Liability Comps (A Florida Limited	ans as it now appears on our record Liability Company)	<u>(v.)</u>
The Articles of Organization for this Limited Liability Company	were filed on 11-18-2020	and assigned
Florida document number L20000365285		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	or the abbreviation=11C."
Enter new principal offices address, if applicable:	805 MAIN STREET	777
(Principal office address MUST BE A STREET ADDRESS)	CHIPLEY, FL 32428	
Enter new mailing address, if applicable:	PO BOX 567	TH 12: 4
(Mailing address MAY BE A POST OFFICE BOX)	CHIPLEY, FL 32428	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	NS .
	, F1	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	1	

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Remove
			□Change
			□Add
		<u></u>	□Remove
			□Change
			□R¢move
			□ Change
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not m	eet the applicabl	late of filing or more e statutory filing re	(option than 90 days after fil equirements, this d	al) ing.) Pursuar late will not	nt to 605.0. be listed	207 (Las (
he record specifies a delayed effect ord is filed.	ive date, but not	an effective time	, at 12:01 a.m. on	the earlier of: (b)	The 90th d		he
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Filing Fee: \$25.00