

L20 000391935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

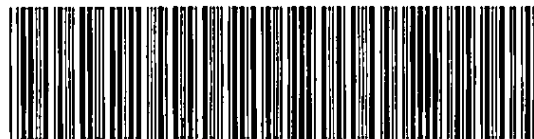
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900355797559 ✓

01/08/21--01014--025 \*\*25.00

0 TALENT

113 27 131

2021 FEB 12 PM 4:46

*Handwritten signature*  
N/A



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2021 APR 12 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FL

February 19, 2021

CELIDA PICHRDO  
1863 KINGS HWY UNIT 5  
CLEARWATER, FL 33755

SUBJECT: CHIP'S FOOD & SOMETHING ELSE LLC  
Ref. Number: L20000391935

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

IS ANGEL HERNANDEZ (AR) TO BE REMOVED COMPLETELY?

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: 621A00003733

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CHIP'S FOOD & SOMETHING ELSE 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:

CELIDA PICHRDO

\_\_\_\_\_  
Name of Person

CHIP'S FOOD & SOMETHING ELSE LLC

\_\_\_\_\_  
Firm/Company

1863 KINGS HWY UNIT 5

\_\_\_\_\_  
Address

CLEARWATER, FLORIDA

\_\_\_\_\_  
City/State and Zip Code

33755

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

For further information concerning this matter, please call:

CELIDA PICHARDO

727 305-4910  
\_\_\_\_\_  
at ( )  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

CHIP'S FOOD & SOMETHING ELSE LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/15/2020 and assigned  
Florida document number L20000391935.

This amendment is submitted to amend the following:

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

CHIP'S FOOD & SOMETHING ELSE 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)**

1863 KING HWY

STE. 5

CLEARWATER, FL 33755

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

alex@unofederation.org

1710 Drew St Ste. 4

Clearwater, Florida 33755

**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:

RALPH EMMA NUELLE

New Registered Office Address:

1710 DREW ST. STE 4  
Enter Florida street address

CLEARWATER

City

, Florida

33760

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.*

**If 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 added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AR	ALEJANDRO ALVARADO	1863 KINGS HWY UNIT 5	<input checked="" type="checkbox"/> Add
		CLEARWATER, FLORIDA 33755	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	ANGEL HERNANDEZ	1863 KINGS HWY UNIT 5	<input type="checkbox"/> Add
		CLEARWATER, FL 33755	<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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

I WOULD LIKE TO ASK THESE CHANGES TO BE MADE

AR: ANGEL HERNANDEZ TO BE ROMOVED BECAUSE IT WAS INPUT TWICE.

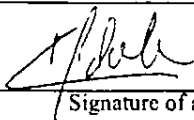
**E. Effective date, if other than the date of filing:** 01/06/2021 **(optional)**

(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.

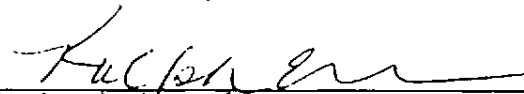
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 03/23, 2021.



Signature of a member or authorized representative of a member

RALPH EMMANUELLI

  
Typed or printed name of signee