

W21000011664

(Requestor's Name)

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FILED

2020 JAN 25 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FL

687 2/19/21

COVER LETTER

TO: Registration Section
Division of Corporations

Name was misspelled when LLC was formed.

SUBJECT: _____
Name of Limited Liability Company

FILED

2020 JAN 25 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FL

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

Please return my correspondence concerning this matter to the following:

Edward Carlton Carter

Name of Person

Edward Carlton Carter, Esq.

Firm/Company

3204 E 7th Avenue

Address

Tampa, Florida 33605

City, State and Zip Code

ecarltoncarter@gmail.com

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

For further information concerning this matter, please call:

Edward Carlton Carter 813 334-7770

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$20.00 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 1527
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**

FILED

Chipadellie, LLC

2020 JAN 25 PM 3:21

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 1/1/2021 and assigned
Florida document number 121000011664.

This amendment is submitted to amend the following:

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

Chipadellie, 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 office 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 amendment of the registered agent and/or registered office address on our records, enter the name of the new registered agent and the new registered office address here:

Name of New Registered Agent:

Registered Office Address

Enter Florida street address

Florida

City

Zip Code

New Registered Agent (or, 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 the statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the responsibilities of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to change the registered office address, I hereby confirm that the limited liability company is authorized 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

[illegible]

[illegible]

(If an effective date is stated, 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)

If the record is not 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

Signature of a member or authorized representative of a member

Typed or printed name of signee