## L710000 77393

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## **COVER LETTER**

O: Registration So Division of Cor			
The Chocol	ate Dandies LLC.		÷
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	E. Marie Sissle		
	The Chocolate Dandies LL	Name of Person C.	
		Firm/Company	
	917 Suddle Creek Run		
	Tallahassee, Florida 32301	Address	
	TheChocolateDandies@gm	City/State and Zip Code ail.com	
	E-mail address: (	to be used for future annual report noti	fication)
	oncerning this matter, please of		
E. Marie Sissle		850 296-7723 at ()	
Name v	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Chocolate Dandies LLC.				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	<b>ny as it now appears on our records.</b> Jiability Company)	ŀ		
The Articles of Organization for this Limited Liability Company Florida document number 1.21000077393	f Organization for this Limited Liability Company were filed on $\frac{02/15/24}{\text{ent number}}$			signed
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
he new name must be distinguishable and contain the words "Limited Liabil	ity Company." the designation "LLC"	or the abbrev	iation "I	"L.C."
inter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)		.空.	20	
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Mailing address MAY BE A POST OFFICE BOX)			<u></u>	/
		·	<del>Zi;</del>	
B. If amending the registered agent and/or registered office a gent and/or the new registered office address here:  Name of New Registered Agent:	nddress on our records, <u>enter t</u>	he name of	the ne	w regis
New Registered Office Address:				
	Enter Florida street address			
	. Flor	ida		
· · · · · · · · · · · · · · · · · · ·	City		ip 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 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	E. Marie Sissle	917 Saddle Creek Run Tall, Fla. 32301	
			<b>●</b> Add
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blockdocument's effective date on the Dep	ck does not meet the a	ppucable statui	iling or more than 90 ory tilling requiren	<b>(optional)</b> days after filing.) nents, this date o	Pursuant to 605 will not be list	5,020 ed a
record specifies a delayed effective d is filed.	date, but not an effect	ive time, at 12:	01 a.m. on the earl	ier of: (b) The	: 90th day after	r the
November 10	2021					
		<u> </u>				
Pated						
Dated EMSiss	Lignature of a member or	authorized repre	sentative of a month			