L21000183008

(Req	uestor's Name)	
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	İ
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Chloge Baked L Name of	Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are	submitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
Chlo	Name of Person	
- 	Firm/Company	
109 Littl	e Pond Way Address	
St. Aug	UStine F1 32086 City/State and Zip Code	
<u>Chloeegreave</u> E-mail addres	SO OUTOK · COM	ration)
For further information concerning this matter, please	e call:	
Chlore Greaves Name of Person	at (918) 899 - Lo Area Code Daytime	Celephone Number
Enclosed is a check for the following amount:		
S25.00 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	Street Address: Registration Secti	on

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Chlore Baxed	UC	
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	·
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000183008</u> .	were filed on 4/20/21	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	nddress on our records, enter the nan	ne of the new registered
Name of New Registered Agent:		- :
New Registered Office Address:		
	Enter Florida street address Florida	
	City	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 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>	Address	Type of Action
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