## 121000248977

(Red	questor's Name)	
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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
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March 18, 2022

CHELSEA NOBLES 1380 PINNACLE DR UNIT B PENSACOLA, FL 32504

SUBJECT: BODIED BY CHELSEA LLC

Ref. Number: L21000248977

We have received your document and check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must submit all pages for filing. Page 2 & 3 are missing. All pages must be returned in order to file the document. Enclosed is the correct form for making these changes.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Letter Number: 122A00006511

Querida R Silas Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO: Registration Section Division of Corpo		ons		
SUBJECT: <u>Bodi</u>	ed By Chelse	a LLC	RECEIVED	
SUBJECT: Over	Name of Lim	ited Liability Company	2022 MAR 30 AM 7: 55	
			SECRE DANY OF STATE TALLAHASSEE, FL	
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	IALLAHASSEE, FL	
Please return all correspond	ence concerning this matter	to the following:		
	Chebea 1	Obles Name of Person		
	Bodied	By Cheben LL	<u>C</u>	
	1380 Pinna	Je Dr. Unit B		
	Pensacola,	FL 3250 Y City/State and Zip Code		
		Sea Oymail, com to be used for future annual report notifi	cation)	
For further information con	cerning this matter, please c	all:		
Chulsea Name of P	1061es erson	at ( <u>\$50</u> ) <u>480 -</u> Area Code Daytime	G33 φ Telephone Number	
Enclosed is a check for the	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:		Street Address:		

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

FILED

BCC, Ed By Chel Sea LC SECRETARY OF STATE

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

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)

and ass

The Articles of Organization for this Limited Li Florida document number <u>[ 19 1000</u> ]		were filed on $05 - 5$	27-51	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of			otion "IA.C" or the a	bbreviation "L.L.C."
Enter new principal offices address, if application of the second of the	able:	10901 = 1000	ANGIH	Ave 32504
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	P.O. Box Pensaloio	10180	
B. If amending the registered agent and/or r agent and/or the new registered office addres		address on our recor	ds, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:		ed Noble		
New Registered Office Address:		A North 9th Enter Floridas	ircet address	
	Penso	. (5 \alpha ) (6)	, Florida _	39504 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.

Children Maler

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>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			Remove
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			DAdd
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PP 43	if other than the d	ato of filings				(optional	)	
an effective date		e specific and ca	annot be prior to	date of filing o	r more than 90	days after filin	g.) Pursuant to 60 e will not be lis	)5.0207 ited as
<b>Note:</b> If the date	is listed, the date must be e inserted in this bloc ctive date on the Dep	k does not me	et me appueat	ne statutory n	ing requiren	removement and		
record specifie	s a delayed effective	date, but not a	n effective tim	ie, at 12:01 a.i	n. on the earl	ier of: (b) 🛭	The 90th day aft	er the
d is filed.								
Dated <u>03</u>	- 24-		2032	_ ·				
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	( a man	<i>UN(1)</i>			<del></del>			
	S	ignature of a me	ember or author	ized representa	tive of a memb	er		