## LZ1000296029

(Requi	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARIZED COMMISSIONER
TAIL ANASSIONER

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## COVER LETTER

TO: Registration So Division of Cor					
Chenko's L	l.C				
SUBJECT:	Name of Lin	ited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.			
	ondence concerning this matter				
	Dennis Bratnichenko				
		Name of Person	· · · · · · · · · · · · · · · · · · ·		
	Chenko's LLC				
		Firm/Company			
	4143 Danbury Terrace			202	
		Address	 چز		4.4
	<u>-</u> ور پ		vezda z <u>enda</u>		
		City/State and Zip Code		]5:	
	Paperb0y_1990@hotmail.c		· .		
For further information c	n-mail address: ( concerning this matter, please c	to be used for future annual report notif all:	ication)	10 40	
Dennis Bratnichenko		941 841-8710 at ( )			
Name o	f Person		Telephone Number	_	
Enclosed is a check for the	ne 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 F Certificate of S Certified Copy (additional copy is	Status & '	
(- <u>Mailing Addres</u> Registration S		Street Address: Registration Sec	ction		
Division of C	Corporations	Division of Con	oorations		
P.O. Box 632 Tallahassee, I		The Centre of To 2415 N. Monroe	allahassee Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chenko's LLC			_
(Name of the Limited Liability Comp. (A Florida Limited	any as if now appears on our records.) Liability Company)		_
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000296029</u> .	were filed on june 25, 2021	and	l assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviatio	n "L.L.C."
Enter new principal offices 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 amending the registered agent and/or registered office	address on our records, enter the n	ame of the	≘ Rew regist
agent and/or the new registered office address here:		ALLAS NESS	
Name of New Registered Agent:			ο <u>.</u> Ο ; ; ;
New Registered Office Address:	Enter Florida street address	[14 ]]; 	
	, Florida	F":_;	 E-
	City	Zip C	ode

## 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
AMBR	Dennis Bratnichenko	4143 Danbury Terrace, North Port, Fl 3428	6 <b>≘</b> ∧dd
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neffective date, if other than an effective date is listed, the date of the date inserted in the date in the da	is block does not	meet the applicat	date of filing or mole statutory filing	ore than 90 days afte g requirements, th	r filing.) Pursuant to 60 is date will not be lis	5.0207 ted as
ocument's effective date on the	ne Department of	State's records.				
record specifies a delayed eff	ective date but no	or an effective tim	e. at 12:01 a.m. o	on the earlier of: (	o) The 90th day afte	er the
is filed.				·	·	
July 22		2021				
ated						
	<b>/</b> ')					
	The Signature of a					

Filing Fee: \$25.00