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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATES OF STA

T. MATTHEWS JUN 17 2022

COVER LETTER

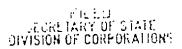
TO: Registration Sect Division of Corp			
suвјест: <u>ChiC</u>	BY Ally Name of Lim	B LLC ited Liability Company	<u>. </u>
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Atexandra	1 BYEITSUMCT Name of Person	er
	<u> </u>	BY Ally B L	LC
	805 N DI	ve ave Apt	820
	abreiti	City/State and Zip Code 440 @ gmail to be used for future annual report noti	. com
For further information cor	ncerning this matter, please ca	·	,
Alexandra Name of F	Breitsamck	Area Code Daytime	e Telephone Number
Enclosed is a check for the	following amount:		
S25.00 Filing Fee	S30.00 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		Straat Addrass	

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 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



Chic	BU Ally 7	3 LLC	22 APR 26 PM 3: 46
(Name of the Limit	ed Liability Company as it (A Florida Limited Liability	now appears on our re Company)	cords.)
The Articles of Organization for this Limited L. Florida document number L. 22000	iability Company were to 1940091	filed on $1/20$	2022 and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liability co	ompany here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Con	npany," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or ragent and/or the new registered office address	ss here:		
Name of New Registered Agent:	Atexandr	a Breits	ameter
New Registered Office Address:			
		Enter Florida street ad	dress
	Ci		Florida
	Çr	ù	элр Сойе

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 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 adde or removed from our records:	
MGR = Manager AMBR = Authorized Member	

Title	<u>Name</u>		Address			1	Type of Action
AP	Alexandra B	reitsameter Miss	80	5 N	olive Ave	e Apt 820	_ □Add
			We	t Pali	m beau	h FL	_ I ZRemove
			334	01			_ □Change
MGR	Alexandra	Breitsumder	805	N 01	iveAve	Apt 820	_ 12/Add
			West	Palm	Beach #	2 33401	_ □Remove
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Note: If the date	f other than the of listed, the date must inserted in this blockive date on the De	ck does not n	neet the applica	able statutory	or more than 90 filing requiren	(optional) days after filing nents, this date) .) Pursuant to 605 will not be liste	.0207 (ed as t
e record specifies rd is filed.	a delayed effective	date, but not	an effective ti	me, at 12:01 a	a.m. on the ear	lier of: (b) TI	ne 90th day after	r the
Dated	· · · · · · · · · · · · · · · · · · ·		/	· /				
			7	7-4	RC			
		Signature of a r	nember or author	rized represent	tative of a memb	er		
		Alexa	indra	Breit	tsamet	er		

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