## K22000104991

Office Use Only



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OIVISION OF CORPORATION

T. MATTHEWS MAY -5 2022

## **COVER LETTER**

TO:

Tallahassee, FL 32314

	istration Se sion of Cor			
	Chase Intera	active Visuals 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:	
		Brendan Chase		
			Name of Person	
		Chase Interactive Visuals I	LLC	
			Firm/Company	
		1403 Shelby Pkwy.		
			Address	
		Cape Coral Florida, 33904		
			City/State and Zip Code	
		chase,brendan.k@gmail.cor		
For further in	formation c	n:-mail address: () oncerning this matter, please ca	to be used for future annual report null:	outication)
Brendan Cha	se		239 4784712 at ()	
Name of Person			Area Code Dayı	ime Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Addres	<del></del>	Street Address:	Zautian
Registration Section Division of Corporations			Registration S Division of C	
P.O. Box 6327			The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION LIARY OF STATE OF STATE

22 APR 14 PM 3: 31

Chase Interactive Visuals LLC

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

The Articles of Organization for this Limited Lia Florida document number L22000104991		e filed on 03/01/2022	and	assigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of t	the limited liability	company here:			
The new name must be distinguishable and contain the wor	rds "Limited Liability Co	ompany," the designation	"LLC" or the abbreviation	1 "L.L.C."	
Enter new principal offices address, if applical	ble:				
(Principal office address MUST BE A STREET	ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>OX)</u>				
B. If amending the registered agent and/or regagent and/or the new registered office address		ess on our records, <u>e</u>	nter the name of the	new registered	
Name of New Registered Agent:		<del></del>			
New Registered Office Address:		Enter Florida street a	uddress	<del>-</del>	
			_, Florida		
		City	Zip Co	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>	Name	Address	Type of Action
AMBR	Taylor Burgess	1403 Shelby Pkwy Cape Coral FL 33904	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
<del></del>	<del></del>		□Add
		<del> </del>	□Remove
			Change
			□Add
			□Remove
			□Change
			Remove
			Change
			□ Add
			□Remove
			□Change

ective date, if other than the date of filing:	(Adding) AMBR- Taylor Burg	gess : Ownership Percentage 49%
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Signature of a member or authorized representative of a member	.ca	
	(BD)	