L22000135680

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
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Certified Copies Certificates of Status
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3

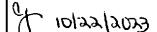


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Office Use Only



COVER LETTER

Division of Corpor			
SUBJECT: Se	Asi de Chi	ocolates LLC.	<u></u>
The enclosed Articles of Am	endment and fee(s) are sub	bmitted for filing.	
Please return all corresponde	nce concerning this matter	r to the following:	
	- Ya	milet Hill Name of Person	
	,	Firm/Company	
	2018 5	10th St #F	
-	Fort F	Prerce FC 34 City/State and Zin Code	950
_	Hami_ E-mail address: (City/State and Zip Code Hill & Yahao- to be used for future annual report noti	(m fication)
For further information conce			
Vamilet Name of Per	HIH	att 305 218	
Name of Per	son	Area Code Daytim	e Telephone Number
Enclosed is a check for the fol	Howing amount:		
□ \$25.00 Filing 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)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 22, 2023

YAMILET HILL 2018 S 10TH STREET #F FORT PIERCE, FL 34950

SUBJECT: SEASIDE CHOCOLATES LLC

Ref. Number: L22000135680

We have received your document for SEASIDE CHOCOLATES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "Ltd.," and "Co."

The document number of the name conflict is L22000337903.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 723A00022049

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEASIDE CHOCOLATES LLC

Senside Chucolites LLC

(Name of the Limited Liability Company (A Florida Limited Liab	as it now appear ility Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company we	re filed on	3/18/22	and assigned
Torida document number <u>L 2 2 0 6 6 1 3 5 6</u> 80			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	v company he	ere:	
Senside Creative LLC			
he new name must be distinguishable and contain the words "Limited Liability"	Company." the d	esignation "LLC" or the a	bbreviation "L.L.C,"
Enter new principal offices address, if applicable:			.023 dic
Principal office address MUST BE A STREET ADDRESS)			
_			20
			,
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST_OFFICE BOX)			32
		·	
~	·		
 If amending the registered agent and/or registered office add 	ress on our r	ecords, <u>enter the nan</u>	ne of the new registe
gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flor	uda street address	

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.

Cm

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
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			□Remove
-			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
he recon ord is til	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the ed.
Dated	Oct 14th 2023
	- 311Mll
	Signature of a method or abborized representative of a member Am Let till Typed of printed name of signee
	Vamilet HIII

Filing Fee: \$25.00