

122000175731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

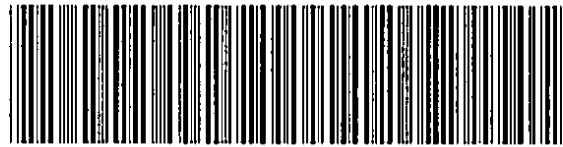
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Q. SILAS

JUL 15 2022

Office Use Only



300390792463

07/15/2022 01:19:19 PM \$130.00

FILED

JUL 15 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2022 JUL 15 PM 1:19

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Boondock Chic Media LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cynthia Stoner

Name of Person

Boondock Chic Media LLC

Firm/Company

850 E Lime Street #262

Address

Tarpon Springs, FL 34689

City/State and Zip Code

Boondock.Chic.Media.LLC@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia Stoner

727 955.8277
at ()

Name of Person

Area Code

Daytime 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:

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

FILED

JUL 15 PM 1:21

Boondock Chic Media LLC

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on April 12, 2022 and assigned
Florida document number L22000175731.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

850 E Lime Street

(Principal office address MUST BE A STREET ADDRESS)

#262

Tarpon Springs, FL 34689

Enter new mailing address, if applicable:

850 E Lime Street

(Mailing address MAY BE A POST OFFICE BOX)

#262

Tarpon Springs, FL 34689

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Cynthia Stoner

New Registered Office Address:

850 E Lime Street #262

Enter Florida street address

Tarpon Springs

City

Florida 34689

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.


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>	<u>Address</u>	<u>Type of Action</u>
MGR	Cynthia Stoner	850 E Lime Street	<input checked="" type="checkbox"/> Add
		#262	<input type="checkbox"/> Remove
		Tarpon Springs, FL 34689	<input type="checkbox"/> Change
AMBR	Cynthia Stoner	850 E Lime Street	<input checked="" type="checkbox"/> Add
		#262	<input type="checkbox"/> Remove
		Tarpon Springs, FL 34689	<input type="checkbox"/> Change
OWNER	Cynthia Stoner	850 E Lime Street	<input checked="" type="checkbox"/> Add
		#262	<input type="checkbox"/> Remove
		Tarpon Springs, FL 34689	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

[illegible]

E. Effective date, if other than the date of filing: N/A (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated July 15, 2022

Cynthia Stoner
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Cynthia Stoner

Typed or printed name of signer