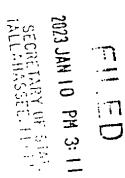
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
€ edial Instructions to Filing Officer:
J. HORNE JAN 10 2023

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COVER LETTER

Division of Corporations
SUBJECT: The Chic Source 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:
Jala Dodson Name of Person
The Chic Saurce LLC
4768 WGODVIIC +My Apt. 1235
Tallahassee, H 32305 City/State and Zip Code Jala Dason Q Janco Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tala Dod Sur at (904) 803 - 9513 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION



2023 JAN 10 PM 3: 11 OF. SECRETARY OF S TALLAHASSEE, Ft. 7.1 ompany as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on ___ Florida document number <u>L 22000</u> 2024 22 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: California Stree (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 name of the new registered

agent and/or the new registered office address here:

	. 1	lorida
New Registered Office Address:	Enter Florida street addr	ess
Name of New Registered Agent:		

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 Type of Action Address Title Name ______ □Add ☐ Change _____ □Change ______ □Remove _____ □Change _____ □Remove _____ Change ____ 🖳 _____ □Remove

_____ Change

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te: If the date inse	her than the date of ed, the date must be speci- erted in this block does date on the Departmen	not meet the app	licable statutory fi	more than 90 days aft	tional) er filing.) Pursuant to 6 uis date will not be l	505.020 isted a
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ned	1/10/23 2/4 DC Signatur	of a member or a	uthorized representat	ive of a member		
/Ja			rinted name of signe			

Filing Fee: \$25.00