L22000307239

(Requestor's Name)				
(Address)				
(Address)				
(
(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
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DATE:

08/18/22

NAME: CHELL LLC

TYPE OF FILING: AMENDMENT

COST:

30.00

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration S Division of Co					
Chell LLC					
SUBJECT:Name of Limited Liability Company					
The analogue Actions of	· N	in-1 Con Clien			
	Amendment and fee(s) are sub	-			
riease return all correspo	ondence concerning this matter	to the following:			
	Ami McBride				
		Name of Person			
	Chell LLC				
		Firm/Company			
	19333 Summerlin Rd Unit	1 891			
		Address			
	Fort Myers, FL 33908				
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code			
	ami@chellrentals.com E-mail address: (to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please c	·			
Ami McBride		302 470-7611			
Name of Person		at () Area Code Daytim	e Telephone Number		
Enclosed is a check for the	ne 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		Street Address: Registration Sec Division of Cor			
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2022 AUG 18 AM 8: 42

Chell LLC

	Florida Limited Liability Company)	IALLAHASSEE, FL	
The Articles of Organization for this Limited Liabil Florida document number L22000307239	lity Company were filed on 7/11/2022		
This amendment is submitted to amend the following	ng:		
A. If amending name, <u>enter the new name of the</u>	e limited liability company here:		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable	e:		
<u>Principal office address MUST BE A STREET A</u>	DDRESS)		
2-4			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO)			
3. If amending the registered agent and/or regis		r the name of the new registe	
gent and/or the new registered office address he	ere:		
Name of New Registered Agent:			
	1		
New Registered Office Address:	Enter Florida street addr	Enter Florida street address , Florida	
	, F	Florida	
_	City	Florida Zip Code	

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 = ManagerAMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR AI	Ami McBride	19333 Summerlin Rd Unit 891	□Add
		Fort Myers, FL 33908	□Remove
			Change
			□Add
			🗆 Remove
			□Change
			□Add
			🗆 Remove
			Change
			□Add
			Remove
			Change
			□Add
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