## K22000333520

(Re	questor's Name)	
— (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
la.		

Office Use Only



700392758087

D. C. C. -0.117--017 \*\*25.10

SECRETARY OF STATE
SECRETARY OF STATE
ORPORATIONS
THE STATE
OF CORPORATIONS

1 55 1 1.03 1634 07 1622

## **COVER LETTER**

		•	•		
тне сни	PPED EGG LLC	r e			
, I :	Name of Lin	nited Liability Company			
osed Articles of	[Amendment and fee(s) are sub-	omitted for filing.			
turn all corresp	ondence concerning this matter	to the following:			
	MICHAEL BELUS				
		Name of Person			
	BUSINESS CONTROL S	ERVICE INC			
		Firm/Company			
	3925 S NOVA RD STE 1				
		Address			
	PORT ORANGE, FL 321.	27			
		City/State and Zip Code			
	-		14.		
er information (			utication)		
EL BELUS		386 7605454			
Name of Person			ne Telephone Number		
is a check for t	he following amount:				
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)		
		Street Address: Registration Se	ection		
Division of C	Corporations	Division of Co	Division of Corporations		
		The Centre of			
	er information of turn all corresponding Fee  Mailing Addre Registration of Co. Box 63:	Name of Lin  osed Articles of Amendment and fee(s) are substantial correspondence concerning this matter  MICHAEL BELUS  BUSINESS CONTROL S  3925 S NOVA RD STE 1  PORT ORANGE, FL 321  MIKE@BUSINESSCONT  E-mail address: 6  er information concerning this matter, please concerning this matter.	Division of Corporations  THE CHIPPED EGG LLC  Name of Limited Liability Company  Division of Amendment and fee(s) are submitted for filing.  Sturn all correspondence concerning this matter to the following:  MICHAEL BELUS  Name of Person  BUSINESS CONTROL SERVICE INC  FirmCompany  3925 S NOVA RD STE 1  Address  PORT ORANGE, F1, 32127  City/State and Zip Code  MIKE@BUSINESSCONTROLSERVICE.NET  E-mail address: to be used for future annual report no  er information concerning this matter, please call:  EL BELUS  Name of Person  Area Code  Daytin  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  The Centre of T		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE CHIPPED EGG LLC

(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited I Florida document number 1.22000333520		were filed on $\frac{07/27/2}{}$	022	_ and assigned	
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited lial	oility company here:			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the design	ation "E.L.C" or the abbre	eviation "L.L.C."	
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STREA	ET ADDRESS)				
Enter new mailing address, if applicable:		3280 S ATLANTIC	AVE UNIT D		
(Mailing address MAY BE A POST OFFICE BOX)		DAYTONA BEACH SHORES, FL 32118			
B. If amending the registered agent and/or agent and/or the new registered office addre	-		ds, <u>enter the name</u> (	of the new registered	
Name of New Registered Agent:					
New Registered Office Address:	3280 S ATLA	NTIC AVE UNIT D  Enter Florida so	tricer addre ce		
		Cuy	Florida <u>3211</u>	Zıp Code	
New Registered Agent's Signature, if changing	Registered Agent	i			
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as regulating filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as registered office	performance of my provided for in Chap address. I hereby co	duties, and I am fai ner 605, F.S. Or, if	niliar with and this document is	
		12/			

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	KEVIN PURUCKER	3280 S ATLANTIC AVE UNIT D	□Add
		DAYTONA BEACH SHORES, FL 32118	□Remove
MGRM	CHRIS PURUCKER	3280 S ATLANTIC AVE UNIT D	JAdd
		DAYTONA BEACH SHORES, FL 32118	□Remove
			🗆 Add
			□Remove
		*****	]Change
			□Add
			□Remove
			□ Change
			🗆 Add
			Remove
			□ Change
			□Add
			□Remove
			□Change

		<del></del>	·		<del></del>
	<del>-</del>				
	<u> </u>	<del>_</del> .			
				<u>.                                    </u>	
		·-·			<del></del>
		<del></del>			<del></del>
	····	· · · · · · · · · · · · · · · · · · ·			
Affective date, if other is an effective date is listed, if Sote: If the date inserted document's effective date	ne date must be specif in this block does	ic and cannot be prior not meet the applic	able statutory filing	(option ore than 90 days after fi g requirements, this o	al) ling.) Pursuant to 605,020 late will not be listed as
record specifies a delayed is filed.	d effective date, bu	it not an effective t	ime, at 12:04 a.m. c	on the earlier of: (b)	The 90th day after the
AUGUST 17	_	2022			
	nuly		orized representative		
	- · · · · · · · · · · · · · · · · · · ·				

Filing Fee: \$25.00