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## **COVER LETTER**

Division of Corpo	
SUBJECT:	Chelsea Obymachow, LLC Name of Limited Liability Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspond	dence concerning this matter to the following:
	Chalsea O'By machan
	Chelsea O'Bynachew LLC. Firm/Company
	200 SE fourwinds Drive #214
	Schoart, FL 3496 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information co	ncerning this matter, please call:
Chels Name of	Person D'hymachawat (830) 570 - 3032 Area Code Daytime Telephone Number
Enclosed is a check for the	e following amount:
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Chelsea O'By macho  (Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on Again for the Articles of Organization for this Limited Liability Company were filed on Again for the Articles of Organization for this Limited Liability Company were filed on Again for the Again for the new name of the limited liability company here:  My Modern Memother new name must be distinguishable and contain the fords "Limited Liability Company." the designation for new name must be distinguishable and contain the fords "Limited Liability Company." the designation for new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address MUST BE A STREET ADDRESS  Enter new mailing address on our records. Again and/or the new registered agent and/or registered office address on our records. Agent and/or the new registered Agent:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street.	w, LLC	
Inter 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.  Name of New Registered Agent:  New Registered Office Address:  Enter Florida stree.	records.)	
If amending name, enter the new name of the limited liability company here:    Managera   Memore	15, 2022 and ass	signed
nter new principal offices address, if applicable:  **Principal office address MUST BE A STREET ADDRESS**  Inter new mailing address, if applicable:  **Mailing address MAY BE A POST OFFICE BOX**  If amending the registered agent and/or registered office address on our records, gent and/or the new registered office address here:    Name of New Registered Agent:   NA   A     New Registered Office Address:   Enter Florida street.		
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	, Florida Zip Code	
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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.

M A

If Changing Registered Agent, Signature of New Registered Agent

	from our records:	NA	
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