L22000390361

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	э. #ĥ
PICK-UP	_	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
i		
(Do	cument Number) _ Certificates	





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24:115 - 11:28

COVER LETTER

то:	Registration Se Division of Cor		*	.
t ·	Chairz LLC			ý.
SUBJE	C1:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Shellie Johnson		
			Name of Person	
			Firm/Company	
		4409 Hoffner Ave, Ste. 12		
			Address	
		Orlando, Fl. 32812		
		oceangirl7253@gmail.co,	City/State and Zip Code	
For fue	duar information o	E-mail address: (oncerning this matter, please co	to be used for future annual report is	otification)
i Or Tur	mer mioritation e	oncertning this matter, prease co	au.	
Shellie	Johnson		386 916-8008	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclose	ed is a check for th	ne following amount:		
≡ \$2:	5,00 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 Addres	<u>8:</u>	Street Address:	
	Registration S	Section	Registration S	
	Division of C		Division of C	

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

Chairz LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 09/07/2022	and assigned
Florida document number L22000390361		
his amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ed liability company here:	
Red Pill Media LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		153
Principal office address MUST BE A STREET ADDRE	ESS)	. :
		<u></u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
· 		. <u>.</u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	1271C) 1 507 BRG 307 CT BREAT CSS	
	Flori	
	City	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 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
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			□ Add
			□Remove

Signature of a gentler Johnson Sective date, if other than the date of filing: 02/08/2024 (optional) (optional)					
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Filing Fee: \$25.00