L12000395285

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(Business Entity Name)
, ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only

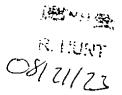


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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Chloe10, LLC		
Please Debit FCA000000003 For: 25		
Thank you Seth Neeley		
1+1		
All for	Art of Inc. File	
	LTD Partnership File	
	Foreign Corp. File	
	L.C. File	01418 2023
	Fictitious Name File	DIVISION C
	Trade/Service Mark	62 67
	Merger File	
	Art. of Amend. File	9 908A1104 PH 12: 40
	RA Resignation	22 <u>AM</u>
	Dissolution / Withdrawal	_ 0 3
	Annual Report / Reinstatement	
	Сеп. Сору	
	Photo Copy	
	Certificate of Good Standing	
	Certificate of Status	
	Certificate of Fictitious Name	
	Corp Record Search	
1	Officer Search	
	Fictitious Search	
Signature	Fictitious Owner Search	
	Vehicle Search	
	Driving Record	
Requested by:	UCC 1 or 3 File	
Name Date Time	UCC 11 Search	
	UCC 11 Retrieval	
Walk-In Will Pick Up	Courier	

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Corp	orations		
CHLOE10, I	LLC		
SUBJECT:	Name of Limits	d Liability Company.	
The enclosed Articles of A	Amendment and Fec(s) are subm	ined for filing.	
Please return all correspor	ndence concerning this matter to	o the following:	
	Samuel S. Blum, Esquire		
		Name of Person	
	Suite Control	Firm/Company	20
	2666 Tigertail Avenue, Suit	Address	tification)
	Coconut Grove, Florida 33	133	2
		City/State and Zip Code	
	laura@samblum.com	o be used for future annual report no	(ification)
For further information c	e-mail address. (concerning this matter, please ca		
Samuel S. Blum, Esquire		305 854-1885	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration S	
	Corporations	Division of C The Centre of	
r.O. box ob Tallahassee			roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHLOE10, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as It now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000395285</u>	were filed on September 9, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	488 NE 18 Street	
(Principal office address MUST BE A STREET ADDRESS)	Unit 1815	22
	Miami, Florida 33132	23 15:5
Enter new mailing address, if applicable:	488 NE 18 Street	HOF CC
(Mailing address MAY BE A POST OFFICE BOX)	Unit 1815	P 4940
(Multing unaress WAT DE A FOOT OF FROM DOTA)	Miami, Florida 33132	12:
		0
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flori	da
	Cuy	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Larisa Zivenko	488 NE 18 Street	
		Unit 1815	Remove
		Miami, Florida 33132	Change
MGR	R Sergey Zivenko	488 NE 18 Street	
		Unit 1815	□Remove
		Miami, Florida 33132	
			□Add
			□Remove
			Change
			SECRETARY OF STATE OF STATE OF COSPORATIONS: Change of Cosporations:
			CrayPos
			□Add
			□Remove
			UChange
			□Add
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			□ Change

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Effective date, if other than the	date of filing:		(optional)	15 0 2 07
If an effective date is listed, the date mus <u>Note:</u> If the date inserted in this blo	be specific and cannot be price	o to date of filing or more than leable statutory filing requi	irements, this date will not be lis	sted as
document's effective date on the D	spartment of State's record	۲.		
			ورور المراجع ا	ter the
	e date, but not an effective	time, at 12:01 a.m. on the	earner or. (b) The four day and	
ne record specifies a delayed effective and is filed.				
ord is filed.	2023			
ne record specifies a delayed effective ord is filed. Dated September 9	2023	·		

Filing Fee: \$25.00