L22000415084

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(Address)
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(City/State/Zip/Phone #)
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Y. SCOTT OCT - 8 2023

COVER LETTER

TO:

	egistration Se ivision of Cor			
eun ie ca		Associates LLC		
SUBJECT	:	Name of Lim	ited Liability Company	<u> </u>
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ndence concerning this matter	-	
		Kalanit Hattoka		
			Name of Person	
		deFend and Associates LI	LC	
			Firm/Company	
		117 Forest Lanc		2023 SEP 25
			Address	
		Crawfordville, FL 32327		25
			City/State and Zip Code	
		kalihatt@yahoo.com		
		E-mail address: (to be used for future annual report not	ification) & S
For further	information c	oncerning this matter, please c	all:	
Kalanit Ha	attoka		678 5716067	
	_ Name of	ſ Person		ne Telephone Number
Enclosed is	s a check for th	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)
	lailing Addres egistration S		<u>Street Address:</u> Registration Se	ection
D	ivision of C	orporations	Division of Co	rporations
	.O. Box 632 allahassee, F		The Centre of 2415 N. Monro	Fallahassee be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

deFend and Associates LLC			
(Name of the Lim	ited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Florida document number L22000415084	iability Com	pany were filed on September 22, 2022	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited	liability company here:	
JUST CHILL APPAREL LLC			
The new name must be distinguishable and contain the	words "Limited	Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STRE	ET ADDRES	<u>s)</u>	r v ti
			SIVIS 1023
Enter new mailing address, if applicable:		N/A	SEP 25
(Mailing address MAY BE A POST OFFICE BOX)			
			<u>&</u>
			776 770H
B. If amending the registered agent and/or agent and/or the new registered office addr	registered of ess here:	fice address on our records, <u>enter the n</u>	ame of the new registe
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Emer Florida street address	
		, Florida	
		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
		N/A	□Add
		 	□Remove
			Change
			□Add
			□Remove
			□Change
			SECRETARY OF SMALE
			ZORemove 200 Remove PH
			Signe Signe 26 □ Add
			□Remove
			Change
	 		
			□ Remove
			☐ Change
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					26	200
Tective	date, if other than the	9/15/2		(0	ptional)	
an effecti	ive date is listed, the date mus the date inserted in this blo	t be specific and cannot b		g or more than 90 days a	after filing.) Pursuant	
	's effective date on the De			g requirements.	ins date will not e	
ecord s is filed	pecifies a delayed effective	e date, but not an effec	tive time, at 12:01	a.m. on the earlier of	f: (b) The 90th day	y after th
is mea	•					
9/	13/2023					
			· · · · · ·			
			it Hati			
		Signature of a member of	r authorized represen	tative of a member	_	_

. . .

Filing Fee: \$25.00