

122000427787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

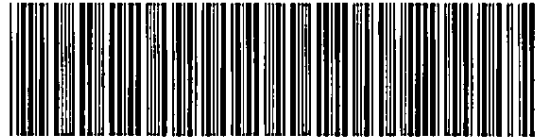
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500398935035

3/6/23  
VIN

12/22/22-01/18/23

SECRETARY OF STATE  
TALLAHASSEE, FL

2022 DEC 22 PM 3:46

FILED



**MICHELOVE JULES**

Paralegal

email: mjules@marksgray.com

tel: 904.807.2122

fax: 904.399.8440

December 13, 2022

**Via U.S. Mail**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Articles of Amendment for 850 West Chelsea Street, LLC

To whom it may concern:

Enclosed are our check for \$25.00 and the Articles of Amendment form to change the name of 850 West Chelsea Street, LLC to 820 West Chelsea Street, LLC. We would appreciate your filing these articles as soon as possible.

Thank you for your attention to this matter.

Very truly yours,

Michelove Jules

Paralegal to John R. Crawford

/mj  
Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 850 WEST CHELSEA STREET, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelove Jules

\_\_\_\_\_  
Name of Person

Marks Gray, P.A.

\_\_\_\_\_  
Firm/Company

1200 Riverplace Blvd, Suite 800

\_\_\_\_\_  
Address

Jacksonville, FL 32207

\_\_\_\_\_  
City/State and Zip Code

mjules@marksgray.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John R. Crawford

904

807-2183

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**If Changing Registered Agent, Signature of New Registered Agent**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

1028 \_\_\_\_\_ 2022  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**