h22000431391

(Requestor's Name)	
(Address)	
(Address)	
(Audress)	
(City/State/Zip/Phone #)	—
(Business Entity Name)	
(Document Number)	—
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Office Use Only	



10/31/22--01021--003 **52.50



A. RIVERS

COVER LETTER

TO: Registration Section Division of Corporations

Checky Chariot LLC. - Changing to Bubbly Buckwagen LLC Name of Limited Liability Company SUBJECT:

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

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

linnick at (356) 1675 - 8104 Area Code Daytime Telephone Number ondare

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 Filmg Fee, Certificate of Status & Certified Copy (addmonal copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF	AMENDMENT	
	0	
ARTICLES OF C	DRGANIZATION	
0	F	
Checky Charlot LL	<u>()</u> <u>ny as it now appears on our records.</u>) Liability Company)	
(A Florida Limited)	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10433	and assigned
Florida document number <u>L2200043139</u> 1		
This amendment is submitted to amend the following:		
A. If amending name, enter the new <u>name of the limited liab</u>	ility company h <u>erc</u> :	
0 0		
BUDDIY BUCKWAAM LL(hty Company," the designation "ELC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	13/16 Pearl St.	
(Principal office address MUST BE A STREET ADDRESS)	New Smyrna Rih.	HC 32168
	۱. 	<u> </u>
Enter new mailing address, if applicable:		المحر ا
		\sim 1
<u>(Mailing address MAY BE A POST OFFICE BOX)</u>	<u></u>	
the term of the state of the st		e nomeral the fair registered
B. If amending the registered agent and/or registered office : agent and/or the new registered office address here:	address on our records, <u>enter un</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		······································
	Enter Florida street address	•
	, 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. Thereby 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, <u>enter the title, name, and address of each person-being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
			🗆 Add
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			(]Add
			□□Change
- <u></u>			🗆 Add
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·····	·····	·	🗇 Add
			Change
			🗆 Add
			🗆 Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _______(optional) (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) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

document's effective date on the Department of State's records.

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.

Dated Februari α Candaat C Fyped or printed name of signee



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 23, 2023

CANDACE MINNICK 1316 PEARL ST. NEW SMYRNA BEACH, FL 32168

SUBJECT: CHEEKY CHARIOT LLC Ref. Number: L22000431391

We have received your document for CHEEKY CHARIOT LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

Letter Number: 823A00001591

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