L23000135064

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
· ,
PICK-UP WAIT MAIL
(Business Entity Name)
• • •
(Document Number)
(Bosument Number)
Codification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300407423293

04/27/Lt - 01014--014 *#60.00

A. RIVERS
JUN 1 4 2023

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Strong Chubby, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Heidi Showalter Name of Person
Strong Chubby, LCC
657 Davis Street
Rronson, FL 32621 City/State and Zip Code
Strong Chubby 1 @ gmail, Cam Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Heidi Showatter at (540) 810 - 2446 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \\$55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Strong Chub	by .	<u>'LC-</u>				
(Name est the Limited Liabil (A Florid	lity Company da Limited Lia	as it now appears on our record bility Company)	<u>s.</u>)			
The Articles of Organization for this Limited Liability C		ere filed on <u>03 16 2</u> (<u>)23</u>		ind assig	gned
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lim	nited liabili	ty company here:				
The new name must be distinguishable and contain the words "Lin	mited Liability	y Company," the designation "LLC	or the	abbrevia	tion "L.L	C."
Enter new principal offices address, if applicable:				_		
(Principal office address MUST BE A STREET ADD	RESS)					
						
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
						
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		dress on our records, <u>enter</u>	the na	i <u>me of t</u>	he new	registered
Name of New Registered Agent:						
New Registered Office Address:				-1	20	
New Registered Office Address.		Enter Florida street addres	orida		3 APR	**************************************
		City	OLIGA	S Zi	o Code	1
New Registered Agent's Signature, if changing Register	red Agent:			;; • • • • • • • • • • • • • • • • • •	至	1 1
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete p agent as pr red office a	erformance of my duties, an ovided for in Chapter 605,	nd I ai F.S. C	n famil)r, if thi	iar w <u>it</u> h is docui	and nent is

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	HEIDI A. SHOWALTER	657 Davis Street	Add
		G57 Davis Street Bronson, FL 32621	□Remove
			□ Change
			□Add
			Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Chance

							
							
							
							
							
		·-		· ·	<u> </u>		
e, if other than the o	date of filing	g:			(optio	nal)	
ite is listed, the date must	be specific and sek does not n	i cannot be pri-	or to date of f licable statut	ling or more that	in 90 days after f circiments - this	iling.) Pursuant to date will not be	∍605.0207 • listed as
				ory ming requ	mementa, una	date will like the	tisted as
ue a delamed effective	date but not	an effective	stime at 17:	Olamonth	earlier of: (b)	The 90th day	after the
ies a delayed effective	date, our not	an enective	, tillic, at 12.	01 a.m. on an	carrier or. (o)	The 70th day	uner the
neil II		2027	2				
<u> </u>		<u> </u>	 .				
dades	XI	1d no m					
- Jugar	Signature of a r	nepiber or au	thorized repre	sentative of a n	nember	<u>.</u>	_
~		-					
ite da d	ite, if other than the odate is listed, the date must date inserted in this bloeffective date on the De ifies a delayed effective	ite, if other than the date of filing date is listed, the date must be specific and date inserted in this block does not neffective date on the Department of S ifies a delayed effective date, but not	ite, if other than the date of filing: date is listed, the date must be specific and cannot be pridate inserted in this block does not meet the appelfective date on the Department of State's recordifies a delayed effective date, but not an effective	ite, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of fidate inserted in this block does not meet the applicable statute effective date on the Department of State's records. ifies a delayed effective date, but not an effective time, at 12:	ite, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more that date inserted in this block does not meet the applicable statutory filing requesfective date on the Department of State's records. ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	te, if other than the date of filing:	ite, if other than the date of filing:

Filing Fee: \$25.00