

L23000276878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

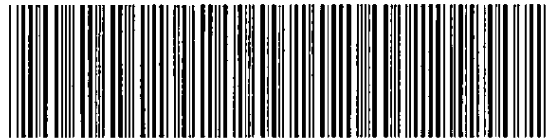
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600410947436

06/23/23--01016--001 **25.00

2023 JUN 23 AM 7:46
FALL ARIZONA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHARTOH FASHION 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:

TARA C JOHNSON

Name of Person

CHARTOH FASHION LLC

Firm/Company

20 SOUTH ROSE AVE SUITE 4

Address

KISSIMMEE FL 34741

City/State and Zip Code

CHARTOHFASHIONLLC@GMAIL.COM

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

For further information concerning this matter, please call:

TARA C JOHNSON

352

708-1960

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

ARTICLES OF ORGANIZATION
OF

CHARTOH FASHION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/12/2023 ²⁰²³ JUN 23 AM 7:46 and assigned
Florida document number L23000276878

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

20 SOUTH ROSE AVE SUITE 4

(Principal office address MUST BE A STREET ADDRESS)

KISSIMMEE, FL 34741

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

20 SOUTH ROSE AVE SUITE 4

Enter Florida street address

KISSIMMEE

City

Florida 34741

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>	<u>Address</u> (Home Address) ↓	<u>Type of Action</u>
OWNER	TARA C JOHNSON	3050 DYER BLVD # 139 KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
MGR	TARA C JOHNSON	3050 DYER BLVD # 139 KISSIMMEE FL 34741	<input checked="" type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
		N/A	<input type="checkbox"/> Remove
		N/A	<input type="checkbox"/> Change

Business Address: 20 South Rose Ave Suite 1 Kissimmee FL 34741

AGREE TO FILE ANNUAL REPORTS AS WELL(TARA C JOHNSON)

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)

Note: 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

June 12, 2023

Tara C Johnson

Signature of a member or authorized representative of a member

TARA C JOHNSON

Typed or printed name of signee

Filing Fee: \$25.00