## L23000282 010

| (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



400411099234

06/27/23--01015--006 ++25.00

FILED
2023 JUN 27 PM 3: 08
SEG. JAMES SEALER

JM

## **COVER LETTER**

.

| TO: Registration Se<br>Division of Cor        | ction<br>porations                                    |   |   |  |
|---|---|---|---|--|
|   | PERS, LLC   |   |   |  |
| SUBJECT:                                      | Name of Lim   | ited Liability Company  | <del></del>   |  |
| The enclosed Articles of                      | Amendment and fee(s) are sub                          | mitted for filing.  |   |  |
| Please return all correspo                    | ondence concerning this matter                        | to the following:   |   |  |
|   | MARGUERITE S BREMI                                    | NER   |   |  |
|   |   | Name of Person  |   |  |
|   | CHIX CAPERS, LLC                                      |   |   |  |
|   |   | Firm/Company  |   |  |
|   | 1435 NE HIGH HAMMO                                    | СК СТ   |   |  |
|   |   | Address   | <del></del>   |  |
|   | JENSEN BEACH, FL 349                                  | 957   |   |  |
|   |   | City/State and Zip Code   | <del></del>   |  |
|   | SBREMNER58@GMAIL.G                                    |   |   |  |
| For further information c                     | E-mail address: (<br>concerning this matter, please c | to be used for future annual report no<br>all:                      | uncation)   |  |
| MARGUERITE S BREM                             | MNER  | 732 261-3392<br>at ()   |   |  |
| Name o  | f Person  | Area Code Dayti   | me Telephone Number   |  |
| Enclosed is a check for the                   | he 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |
| Mailing Addres                                |   | Street Address:<br>Registration S                                   | ection  |  |
| Registration Section Division of Corporations |   | ——————————————————————————————————————                              | Division of Corporations  |  |
| P.O. Box 632                                  | 27  |   | The Centre of Tallahassee   |  |
| Tallahassee, FL 32314                         |   | 2415 N. Monroe Street, Suite 810                                    |   |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHIX CAPERS, 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 June 12, 2023 and assigned Florida document number 1.23000282010 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: (Principal office address MUST BE A STREET ADDRESS) 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: Enter Florida street address

## 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.

Citr

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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

| Title | <u>Name</u>      | Address                 | Type of Action |
|-------|------------------|-------------------------|----------------|
| MGR   | John J Molinelli | 1435 NE High Hammock Ct |                |
|       |                  | Jensen Beach, FL 34957  | ■Remove        |
|       |                  |                         | □Change        |
|       |                  |                         | □Add           |
|       |                  |                         | □Remove        |
|       |                  |                         | □ Change       |
|       |                  | <del></del>             |                |
|       |                  |                         |                |
|       |                  |                         | ☐ Change       |
|       |                  |                         | □Add           |
|       |                  |                         | □Remove        |
|       |                  |                         | □Change        |
|       |                  |                         | □Add           |
|       |                  |                         | □Remove        |
|       |                  |                         | □Change        |
|       | <del></del>      |                         | □Add           |
|       |                  |                         | □Remove        |
|       |                  |                         | □ Change       |

| -                  |   |
|--------------------|---|
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
| •                  |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
|                    |   |
| Note:              | (optional)  fective date, if other than the date of filing:  (optional)  fective 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 605.020.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records. |
| e reco<br>ord is f | rd 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 filed.  |
| Dated              | JUNE 22, 2023   |
|                    | Mar to Silver and   |
|                    | Signature of a member or authorized representative of a member  |
|                    |   |

. . . . .

Filing Fee: \$25.00