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SECRETARY OF STATE
TALLAHASSEF, FEORID.



COVER LETTER

TO:

Registration Section Division of Corporations

Van Chapm	an LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Nicole Chapman		
		Name of Person	
	VanChapman LLC		
		Firm/Company	
	1008 Whiporwill Dr		
		Address	
	Port Orange, FL 32127		
	<u> </u>	City/State and Zip Code	
	nicolechapmanre@yahoo.co		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Nicole Chapman		407 690-2368	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 9 Division of C P.O. Box 632 Tallahassee,	Section Corporations 17	Street Address: Registration Se Division of Cor The Centre of T	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VanChapman LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number $\frac{L23000292312}{L23000292312}$	ere filed on June 16, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	v Company," the designation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applicable:		<u>Σω 2</u>
(Principal office address MUST BE A STREET ADDRESS)		EC. 23
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office adagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	dress on our records, enter the name of	the new registered
	Enter Florida street address	-
	City Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I am fam ovided for in Chapter 605, F.S. Or, if t	iliar with and his document 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
AMBR	Nicole Chapman	PO Box 290545	
		Port Orange FL 32129	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			________\Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

Effective date, if other than the date of filing: Optional		
Effective date, if other than the date of filing: Objective date, if other than the date of filing: Objective 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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. 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 cord is filed.		
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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. 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 cord is filed.		
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Effective date, if other than the date of filing: Optional Optional		SECTALL
Effective date, if other than the date of filing: O6/28/2023 (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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. 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 cord is filed.		#####################################
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Dated		yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	June 28th	2023
Signature of a member or authorized representative of a member	••	Signature of a member or authorized representative of a member
ThadChapman	ThadChann	en (

Filing Fee: \$25.00