10/16/25 S 22 AM

Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LONG LAW, P.A. Account Number : 120200000163 Phone : (239)400-2060 Fax Number : (239)268-5101

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHASE NIGHT LIFE LLC

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Tallahassee, FL 32314

COVER LETTER

TO: Registration Se Division of Cor			
CHASE N SUBJECT:	IGHT LIFE LLC		
SUBJECT:	Name of Lin	rited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following.	
	KEITH LONG		
		Name of Person	
	PERMITTING SPECIAL	IST	
		Firm/Company	***
	1306 SE 46TH LANE ST	E I	
		Address	
	CAPE CORAL, FL 33904		
	PSFB@COMCAST.NET	City-State and Zip Code	
For further information c	E-mail address (oncerning this matter, please c	to be used for future annual report not	ification)
KEITH LONG		239 850-9451	
	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for th	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)
<u>Mailing Addres</u> Registration S	Section	Street Address: Registration Sc	
Division of C P.O. Box 632		Division of Co The Centre of "	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHASE NIGHT LIFE LLC		
(<u>Name of the Limited Liability (</u> (A Florida Lu	Company as it now appears on mited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Con-	apany were filed on 10/2/2)23 and assigned
Florida document number L23000454886		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		•
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		•
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our recor	ds, enter the name of the new register
Name of New Registered Agent:		
	, <u>, , , , , , , , , , , , , , , , , , </u>	
New Registered Office Address:	Enter Florida s	treet address
		Florida
	City	, Florida
New Registered Agent's Signature, if changing Registered A	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted accept the obligations of my position as registered agen being filed to merely reflect a change in the registered occupany has been notified in writing of this change.	plete performance of my a nt as provided for in Chap	duties, and I am familiar with and oter 605, F.S. Or, if this 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>	<u>Address</u>	Type of Action
MGR	JASON GODWIN	1260 NW 116 AVE	[JAdd
		PLANTATION, FL 33323	
			□Change
MGR	MICHAEL CHASE	1260 NW 116 AVE	= Add
		PLANTATION, FL 33323	[]Remove
			□ Change
			□Remove
			[] Change
			Remove
		7-1	□Remove
			🗀 Change
			□Add
			Remove
			□Change

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<u>Note:</u> I	f the date inserted in this bl	date of filing: st be specific and cannot be prior ock does not meet the applic epartment of State's records	to date of filing or more than \$\frac{1}{2}\$ able statutory filling require	(optional) 20 days after filing) Pursuant to 605 0, ements, this date will not be listed	207 (3)(b as the
If the record record is file		re date, but not an effective ti	me, at 12.01 a.m. on the ea	irher of. (b) The 90th day after t	he
Dated _	OCTOBER 12	Signature of a member of author			
_		V= f-1/	1010		

Filing Fee: \$25.00

Typed or printed name of signee