

L24000054548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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800432937708

LLC Amend

10/17/24--01027--006 **35.00

FILED

2024 OCT 14 AM 8:03

CLERK OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY

OCT 14/2024

*00789, 00524, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2024

IVAYLO BAEV
BAE & CHIC LLC
1480 NORTHWEST N RIVER DR, APT E2504
MIAMI, FL 33125

SUBJECT: BAE & CHIC LLC
Ref. Number: L24000054548

We have received your document for BAE & CHIC LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is incorrect. It is for a corporation and your entity is a limited liability company. I have enclosed the correct form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
OPS

Letter Number: 024A00016731



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2024

IVAYLO BAEV
1480 NW N RIVER DR
APT E 2504
MIAMI, FL 33125

SUBJECT: BAE & CHIC LLC
Ref. Number: L24000054548

We have received your document for BAE & CHIC LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Kiora Hester
Regulatory Specialist II

Letter Number: 524A00019542

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bae & Chich 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:

Ivaylo Baev
Name of Person

Bae & Chic LLC
Firm/Company

1480 NW N River Dr Apt E 2504
Address

Miami FL 33125
City/State and Zip Code

ivaylo.baev@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ivaylo Baev at (443) 3733848
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount: Check 1259 was cashed on Jul 19th but the wrong form was filled

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2024 OCT 14 AM 8:03

Bae & Chic LLC

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

CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/30/2024 and assigned
Florida document number L24000054548.

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

City, Florida 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

Dated 8/13/2024, _____

Signature of a member or authorized representative of a member

Typed or printed name of signee

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