

L24000198901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

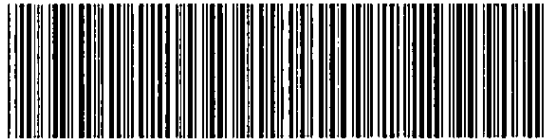
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

WM:HS

Office Use Only



700431144497

06/11/24--01032--016 **25.00

FILED
2024 JUN 11 AM 8:10
SERIAL
TELETYPE UNIT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

ChaunceyB 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:

Misty Gaddis

Name of Person

ChaunceyB LLC

Firm/Company

9541 SW Ligerio Way

Address

Port Saint Lucie FL 34987

City/State and Zip Code

Mistyfnpbca@yahoo.com

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

For further information concerning this matter, please call:

Misty Gaddis

Name of Person

at 561, 985-0342

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 AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ChaunceyB 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 4/29/2024 and assigned
Florida document number L24000198901.

This amendment is submitted to amend the following:

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

N/A

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)

9541 SW Ligorio Way
Port Saint Lucie FL 34987

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Misty Gaddis
9541 SW Ligorio Way
Port Saint Lucie FL 34987

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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

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.

N/A

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>	<u>Type of Action</u>
AMBR	Misty Gaddis	9541 SW Ligo Rd Way	<input checked="" type="checkbox"/> Add
		Port Saint Lucie Fl 34987	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Chauncey Bonens	9541 SW Ligo Rd Way	<input checked="" type="checkbox"/> Add
		Port Saint Lucie Fl. 34987	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Calvin S Bonens Sr	9541 SW Ligo Rd Way	<input checked="" type="checkbox"/> Add
		Port Saint Lucie Fl. 34987	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: N/A (optional)

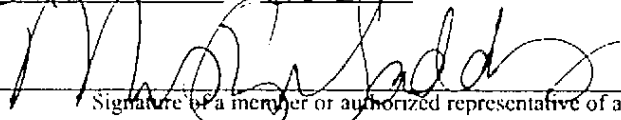
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 6, 2024



Signature of a member or authorized representative of a member

Misty Gaddis

Typed or printed name of signer