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COVER LETTER

Registration Section

TO:

Division of Corporations	
SUBJECT: Chop Courber	shop Outfitters LLC
Name of Li	mited Liability Company
The enclosed Articles of Amendment and fee(s) are su	abmitted for filing.
Please return all correspondence concerning this matte	er to the following:
500	ran tourder
	Name of Person
01,00	1 45 11 a Co
_ CHOP E	Firm/Company
	Firm/Company
4500 1115	shoumon Loukes Dr Unita
	Address
	3.5500
\allaw	asser FL 32309
	City/State and Zip Code
E-mail address:	(to be used for future annual report notification)
For further information concerning this matter, please	call:
Sarah Bornder	at (450), 3451090
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status & Certified Copy
	(additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
•	Tallahassee FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

(A Florida Lim	nited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
CHOP Outfilters LLC	→	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	
		~-4
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		5.2
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florid	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	gent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	olete performance of my duties, and I t as provided for in Chapter 605, F.S	am familiar with and Or, if this document is
If	Changing Registered Agent Signature of No	Penistered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of or removed from our records:		each person being adde	
MGR = Manager AMBR = Authorized Member			
<u>Title</u>	Name	<u>Address</u>	Type of Action
			☐Add
			☐Remove
		-	☐ Change
			☐ Add
			☐Remove
			☐Change
			□Add
			Remove
			☐Change
			 Add
			Remove
			☐Change
			□Add
			☐ Remove
			☐Change
			□Add
			☐Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if neces	 sary.)
	
	
E. Effective date, if other than the date of filing: (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 for Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	ding.) Pursuant to 605,0207 (3)(1
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) record is filed.	The 90th day after the
Dated May 7 . 2024.	
Signature of a member or authorized representative of a member	
Sourain Colinale, mounager Typed or printed name of signee	
Typed or printed name of signee	