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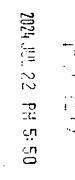
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor				
2455 North	, LLC			
SUBJECT:	Name of Lin	ited Liability Company		
	Amendment and fee(s) are sub	_		
Please return all correspo	ondence concerning this matter	to the following:		
	B Chandler			
		Name of Person		
	2455 North LLC			
		Firm/Company		
	PO Box 1548			
		Address		
	Mandeville, LA 70470			
		City/State and Zip Code		
	2455NorthLLC@gmail.con			
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report not	ification)	
Mr B Chandler		985 373.8850 at ()		
Name o	f Person		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		Street Address: Registration Se	ction	
Registration Section Division of Corporations		Division of Co		
P.O. Box 632	.7	The Centre of T	The Centre of Tallahassee	
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lin	nited Liability Compar (A Florida Limited L	y as it now appears on our record- iability Company)	<u>s.</u>)
The Articles of Organization for this Limited Florida document number 1.4000222162		were filed on 5/13/2024	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liabi	lity company here:	
The new name must be distinguishable and contain the	words "Limited Liabili	y Company," the designation "ULC"	or the abbreviation "L. L.C."
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE			
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office addre	registered office ac		he name of the new register
Name of New Registered Agent:	Mr B Chandler		202
New Registered Office Address:	1500 Patricia		<u></u>
		Enter Florida street address	
	Key West	Flor	rida 33040 🔑 🔭
		City	rida 33040 ZiprCode
New Registered Agent's Signature, if changing	Registered Agent:		တ္ယ
I hereby accept the appointment as register provisions of all statutes relative to the proj accept the obligations of my position as reg	per and complete p	erformance of my duties, and	Lam familiar with and

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.

Mr. B Chameller
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
MGR	Berry D Chandler	PO Box 1548, Mandeville, LA	□Add
			≣Remove
			Cl Change
MGR	N Chandler	PO Box 1548, Mandeville, LA	■Add
			□Remove
			□Change
MGR	BM Chandler	PO Box 1548, Mandeville, LA	□Add
			□Change
<u> </u>	R Chandler	POBOX 1548	= Add
		Mandoith,	@Remove
			□Change
AMBR	Mr. B Chanceller	MI, B Chaneller	 Z Add
		1500 Patricia Key West FL	□Remove
			□Add
			□Remove

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* 1762 .	ive date, if other than the date of filing:	605.0207 (listed as t
record d is file	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a led.	after the
Dated _	Jene 3 2024. Mr. B. Chandler	
	Mh & Chandler	_
	Signature of a member or authorized representative of a member	