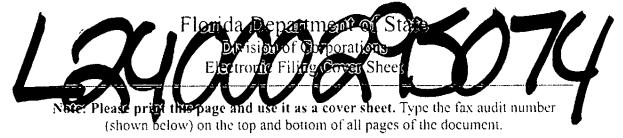
11/27/24, 12:49 PM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone : (323)962-8600

Fax Number : (323)389-0502

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COVER LETTER

	distration Sed ision of Corp			_
SUBJECT:	Chezcards	LLC		:
SUBJECT.		Name of Limi	ted Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please return	all correspon	ndence concerning this matter t	to the following:	
		Mike Town		
			Name of Person	_
		Legalzoom.com, Inc.		
			Firm/Company	
		9900 Spectrum Dr		
			Address	
		Austin, TX 78717		
		gtmechesney@gmail.com	City/State and Zip Code	
			o be used for future annual report notifi	eation)
For further in	nformation co	oncerning this matter, please ca	II:	
Mike Town			800 773-0888 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Ta:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chezcards LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.24000295074}{1.0000295074}$	were filed on07/01/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.L.C,"
Enter new principal offices address, if applicable:	5688 Semolino St	
(Principal office address MUST BE A STREET ADDRESS)	Nokomis, FL 34275	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		261
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>enter</u> <u>e</u> :	No.
Name of New Registered Agent:		유로 <u>당</u> -
New Registered Office Address:	Enter Florida street address	·# <u> </u>
	, 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.

If Changing Registered Agent, Signature of New Registered Agent

To: ' Page: 5 of 6 2024-11-27 13;13:04 PST 13236068205 From: Rajiv Srivastava

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>	Name	Address	Type of Action
	4-112		
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			🗖 Add
			□ Remove
			Change
			🗆 Add
			🗅 Remove
			□ Change
			□ Remove
			☐ Change
			🗆 Add
			☐ Remove
			Change

	Page: 6 of 6		2024-11-27 1			13236068205		From; Rajiv S
f amendi	ng any other	information, e	nter change(s	s) here: [Attacl	ı addılıonal	sheets, if neces	sary.)	
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i an effectiv Vote - 16 d	e date is listed. the	ie date must be spec in this block doe	cine and cannot t es not most the	be prior to date of the applicable statute.	ning of more t arv filing reg	nan 90 days aner II miromente, thic c	ing.) ruisuani io o late will not he li	obluzuz (b)(b). sted as the
		on the Departme			ory mang rec	quin ementa, titts t	and with the the H	esest da title
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e record	specifies a	delayed effect	ctive date, b	out not an effe	ctive time	e, at 12:01 a.i	m. on the ear	lier of:
The 90	th day after	the record is	filed.					
11/	/27/2024							
Dated	/27/2024	_	·					
	/S/ Glenr	n Thomas Mo	cChesney					
						member		
		** L P F F F F F F F F F F F F F F F F F F	ne of a member i	or authorized repre	Scinative of a	111011111111111111111111111111111111111		
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	Glenn Thomas	•	प्रदास कार्या है ।	or authorized repre	semanye or a	memoer		

To:

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Filing Fee: \$25.00