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05/14/24--01/21--018 **25.00

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	Chipley Fur	n Zone LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub	emitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Nicole Padgett		
			Name of Person	
		Chipley Fun Zone LLc		
			Firm/Company	
		1184 Mayhaw Ln		
		<u> </u>	Address	
		Chipley , FL 32428		
		admin@chipleyfunzone.com	City/State and Zip Code	
			to be used for future annual report noti	fication)
For further in	nformation co	oncerning this matter, please c	all:	
Nicole Padgett			770 354-0806	
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$ 25.00 F	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)
	iling Address gistration S		<u>Street Address:</u> Registration Sec	ction

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: 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

Chipley Fun Zone LLC		
(<u>Name of the Limited Liability (</u> (A Florida Lia	Company as it now appears on our recommitted Liability Company)	rds.)
The Articles of Organization for this Limited Liability Com	npany were filed on 07/23/2024	and assigned
Florida document number 1.24000327163		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
	6° 11	
 If amending the registered agent and/or registered of agent and/or the new registered office address here: 	mee address on our records, ente	r the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	255
	F	lorida
	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

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
AMBR	David Padgett	1184 Mayhaw Ln. Chiptey FL 32428	= Add
			□Remove
			□Change
			□Add
			□Remove
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l'an effective date is	other than the date of listed, the date must be speci	ific and cannot be pri	ior to date of filing of	or more than 90 days after	nonar) er filing.) Pursuant to 60)5.020
Note: If the date i	inserted in this block does ive date on the Departmen	s not meet the appl	licable statutory f	iling requirements, th	nis date will not be lis	sted a
	c date on the trepartite	or orate 3 record	.			
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d is filed.	i delayed effective date, b	ut not an effective	: ume, at 12:01 a.	m. on me earner of: (o) the som day an	ei me
N-4-4	August 12th	2024				
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Dated						
Jated	1///	ed li	bolto	H		

Filing Fee: \$25.00