L04000039565

(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Doc	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	Filing Officer
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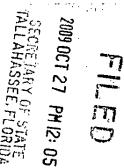
OCT 28 2009

EXAMINER



700162123947

10/26/09--01017--017 **25.00



COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Chesap	eake Land, LLC		
Sold Delt.		ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	condence concerning this matte	r to the following:		
		Cameron Kimball		
		Name of Person		
		Firm/Company		
		17 Hypolita Street		20 TA
		Address		2009 OCT 27 SEURL TARY
St. Augustine, FL 32084 City/State and Zip Code				
	E-mail address:	eronkimball@hotmail.com (to be used for future annual report notifica	tion)	
For further information	concerning this matter, please	call:		12: 05 STATE LORIDA
Name	of Person	at () Area Code & Daytime T	elephone 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)	Certifi e d	e of Status &
	LING ADDRESS:	STREET/COURIE	R ADDRESS:	
Registration Section Division of Corporations		Registration Section		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Chesapeake L	and, LLC			
(Na	me of the Limited Liability Company (A Florida Limited Liab	as it now appea pility Company)	rs on our records.)		
m Adda co state	2 - 412 - 72 - 14 - 152 - 1324 - G	61- 1	May 18, 2004		!
The Articles of Organization i	for this Limited Liability Company we	ere filed on	Way 10, 2004	and ass	ignea
Florida document number	L04000039565		`		
This amendment is submitted	to amend the following:				
A. If amending name, enter	the new name of the limited liabilit	y company he	<u>re</u> :		
	New Market Rea				· · · · · · · · · · · · · · · · · · ·
The new name must be distingui "L.L.C."	shable and end with the words "Limited	Liability Comp	any," the designation "l	DECT OF THE SE	bbreviation
Enter new principal offices a	address, if applicable:				
(Principal office address MU	ST BE A STREET ADDRESS)			27 888	T
	-				
•	•			IZ: 05 STATE LORID	
Enter new mailing address,	if applicable:				
(Mailing address MAY BE A	POST OFFICE BOX)				
	_				· · · · · · · · · · · · · · · · · · ·
			_	_	
~ •	ered agent and/or registered office new registered office address here:	e address on	our records, <u>enter (</u>	the name o	f the new
Name of New Regist	tered Agent:				
New Registered Offi	ce Address:				
		Er	nter Florida street add	tress	
		City	, Florida	Zip Code	
	•	-••y		Lip 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = M	nager Aanaging Member		
<u>Title</u>	Name	Address	Type of Action
_			□ n
			Add
			Remove
			
	·		NE Desmove
			1274 ASSEE
			FIS DATE OS Add
			Remove
D. If amend	ling any other information, enter cha	ange(s) here: (Attach additional sheets, if ne	ecessary.)
<u></u>			
Dated	October 21 ,	2009	···········
	Simon	Liber or authorized representative of a member	
	Signature of a mem	bed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00