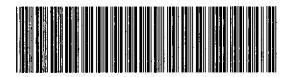
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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T. HAMPTON

JAN 25 2011

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor	
SUBJECT:	Chatelaine Consortium LLC Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ndence concerning this matter to the following:
	Kevin V. Knowles Name of Person
	Chatelaine Consortium LLC Firm/Company
	POB 2705 # Address
	City/State and Zip Code Kevin Knowles Over zon. net E-mail address: (to be used for future annual report notification)
For further information co	oncerning this matter, please call:
	V/Cnow/=5 at (8/3 230-333/ Person Area Code & Daytime Telephone Number
Enclosed is a check for th	e following amount:
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATIONS

Chatelgine	Consortium La	26 11 JAN 24 PM 2: 27
(<u>Name of the Limited Liat</u> (A Flor	illity Company as it now appears ida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabili	ty Company were filed on	10/12/10 and assigned
Florida document number <u>L/0000/068</u>	<u>342</u>	•
This amendment is submitted to amend the following	ğ.	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company	," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		r records, enter the name of the new
Name of New Registered Agent:		
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 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 = Mai MGRM = M	pager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
<u>M&RM</u>	Patrick M Knowles	3404 Picwood Dr Tanpa, Fl 33618	Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	<u>)</u>
			SECRETARY DIVISION OF C 11 JAN 24
	1/21 .201	L Des	FILED NRY OF STATE F CORPORATIONS 24 PM 2: 27
	Kevin	or printed name of signee	Z

Page 2 of 2

Filing Fee: \$25.00