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COVER LETTER

TO: Registration Section Division of Corpora								
SUBJECT: Chappe	11 Jones & Abe	allo LLC						
SUBJECT: Chappell, Jones & Abello, LLC Name of Limited Liability Company								
The enclosed Articles of Ame	endment and fee(s) are subm	nitted for filing.						
Please return all corresponder	nce concerning this matter to	the following:						
	Martin S.	. Jones						
-		Name of Person						
	_, _, _							
-	Chappell, Jone	es & Company, LLC Firm/Company						
		rinivCompany						
	11380 66th Stre	et Suite 140						
_	11300 GOCH DELC	Address						
_	Largo, FL 3377							
		City/State and Zip Code						
MSJTAX@AOL.COM								
	E-mail address: (to	be used for future annual report notificat	ion)					
For further information conce	rning this matter, please call	l:						
Martin S. Jon	ies	ar / 727 \ 571_2223						
Name of Pers		at (<u>727</u>) <u>571-2223</u> Area Code Daytime Tel	lephone Number					
Enclosed is a check for the fol	llowing amount:							
52 \$25.00 Filing Fee	1 \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chappell, Jones	s & Company, LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) imited Liability Company)		
The Articles of Organization for this Limited Liability Co	mpany were filed on October 28, 20	$\frac{010}{2}$ and assig	;n e d
Florida document number <u>L10000112622</u>	_		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
Chappell, Jones & Abello, LLC			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the a	abbreviation "L.L.	<u>C."</u>
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
	. <u></u> -		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		Size.	
B. If amending the registered agent and/or registe	ered office address on our records, enter		f the new
registered agent and/or the new registered office addre	ess here:		
		清河 1	saluere
Name of New Registered Agent:		ယ်ညီ တ	3 - A ANT
			- chel
New Registered Office Address:	Enter Florida street address		7 5 W 64
•	Enter Florida Street adaress	至 2	,,,,
	, Florida	السا شر	
	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, <u>enter the title, name, and address of each person being added or removed from our records:</u>

MGR = Manager

AMBR = Authorized Member							
<u>Title</u>	<u>Name</u>	Address	Type of Action				
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		Signature	of a member	r or authoriz	zed represent	tative of a m	ember				

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Filing Fee: \$25.00