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(ALL MINSSEE FLORIDA

N. Cuihgan MAK - 5,2031

~ COVER LETTER,

TO: Registration Section
Division of Corporations

CHUCK'S SEWING AND VACUUM, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHARLES M SHIPLEY

Name of Person

CHUCK'S SEWING AND VACCUM, LLC

Firm/Company

126 18TH AVE

Address

VERO BEACH, FL 32962

City/State and Zip Code

CMS5INC@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLES M SHIPLEY

_{.,,772},696-5656

Name of Person

Area Code & Daytime Telephone 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) □\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

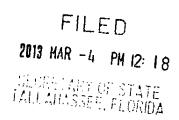
MAILING ADDRESS:

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



CHUCK'S SEWING AND VACU		
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our re da Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability	y Company were filed on 272072013	and assigned
Florida document number L13000029669	·	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the i	imited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the des	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a		s, enter the name of the new
registered agent and or the new registered office a	WATESS HETE.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
	, F	Florida Zip Code
	CIII	ZID COUC

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR ≠ Manager MGRM = Managing Member

Title -	<u>Name</u>	Address	Type of Action
MGRM	CHARLES M SHIPLEY	126 18TH AVE	✓Add
		VERO BEACH, FL 3296	2 Remove
			Add
			Remove
			Add
			Remove
			_
	 		Add
			Remove
			Remove
			_
			Add
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
•				
•				
Dated FEBRUARY 27	2013			
	Charles M. Shipley			
	Signature of a member or authorized representative of a member			
CHARLES M	SHIPLEY			
	Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00

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2813 HAR -4 PH 12: 18
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