



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2019

LUIS ORTIZ
3906 CHAUCER LN
SARASOTA, FL 34241

SUBJECT: CHAUCER LN 3906 LLC
Ref. Number: L19000073617

We have received your document for CHAUCER LN 3906 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 219A00007023

RECEIVED

APR 25 2019

APPROVED
AND
FILED
2019 APR 24 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FL 0600

COVER LETTER

**TO: Registration Section
Division of Corporations**

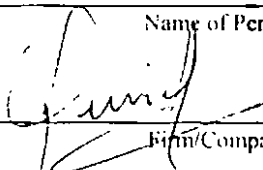
SUBJECT: CHAUCER LN 3906 LLC

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:

LUIS ORTIZ

Name of Person

Firm/Company
707 NW 132ND PL
Address
MIAMI, FL 33182
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
jortiz@chaucerln.com

2019 APR 24 PM 3:02
FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

APPROVED
AND
FILED

For further information concerning this matter, please call:

LUIS ORTIZ at (786) 201 2948
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**

CHAUCER LN 3906 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/15/19 and assigned
Florida document number L19000073617.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

City

_____, **Florida**

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>	<u>Address</u>	<u>Type of Action</u>
MGR	LUIS ORTIZ	707 NW 132ND PL. MIAMI FL 33182	☒ Add
			☐ Remove
			☐ Change
MGR	LUIS RINCON	707 NW 132ND PL MIAMI FL 33182	☐ Add
			☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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 2019 APR 24 PM 3:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2019 APR 24 PM 3:02
SCOTT COUNTY STATE
LABORATORY

APPROVED
AND
FILED

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee