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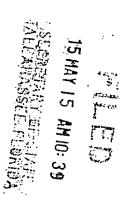
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J SHIVERS

COVER LETTER

Chance Fle	ming, LLC		
SUBJECT:	Name of Limited	Liability Company	
The enclosed Articles of	Amendment and fee(s) are submit	ted for filing.	
	ondence concerning this matter to t	-	
	Laurie Santana		
		Name of Person	
	Chance Fleming, LLC		
		Firm/Company	
	11270 Warm Wind Way		
		Address	
	Weeki Wachee, FL 34613	,	
		City/State and Zip Code	
	santanatax@msn.com E-mail address: (to b	ne used for future annual report notifi	cation)
For further information o	concerning this matter, please call:		
Laurie Santana		352 606-3444 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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

Chance Fleming, LLC		
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number L01000018276	ity Company were filed on October 22, 2001	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>en</u> address here:	ter the name of the nev
Name of New Registered Agent:		ones en
New Registered Office Address:	Enter Florida street address	
	. Florida	5 L 3 S
-	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, 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>	Address	Type of Action
AMBR	Ruth Beals	11270 Warm Wind Way, Weeki WACHEE	~L ■ Add
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			Change
			Add
			□ Remove
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	must be specific and cann s block does not meet t	he applicable		re than 90 days afte	ional) 🕍 r filing.) Pursua		
the record specifies a dela) The 90th day after the		, but not ai	n effective ti	me, at 12:01	a.m. on the	e earli	er of:
Dated May 11	20)15					
	1 =						
)	of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00