## LD2-000021681

(F	Requestor's Name)			
70	Address			
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( <i>f</i>	Address)			
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(E	Document Number)			
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**EXAMINER** 

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SECRETARY OF STATE
NOT AN ASSET FLORIDA

## **COVER LETTER**

TO: Registration S  Division of Co	
SUBJECT:	Chairman's Counsel, LLC
	Name of Limited Liability Company
The enclosed Articles o	f Amendment and fee(s) are submitted for filing.
Please return all corresp	condence concerning this matter to the following:
	Christian M. Fleming, Esquire
	Name of Person
	Fleming & Fleming, PLLC
	Firm/Company
	11891 US Highway One/Suite 100
	Address
	North Palm Beach, FL 33408
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
Christian M.	Fleming, Esq. at ( 561) 622-2700
Name	of Person Area Code & Daytime Telephone Number
Enclosed is a check for	the following amount:
\$25.00 Filing Fee	\$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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

Chairman'	s Counsel, LLC	<u> </u>	
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appe ited Liability Company	ars on our records.)	
(**************************************		,	
The Articles of Organization for this Limited Liability Com-	pany were filed on	08/22/2002	and assigned
Florida document numberL02000021681			
Tiorida document number			
mile to the second of the second			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	ere:	
The new name must be distinguishable and end with the words "	Limited Liability Com	pany," the designation "L	LC" or the abbreviation
"L.L.C."			
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS			
Trincipal Office address in OST BETT STREET TIDDRES	<u> </u>		
Enter new mailing address, if applicable:	<del></del>		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere		our records, enter t	he name of the new
registered agent and/or the new registered office address	here:		
Name of New Registered Agent:			
New Registered Office Address:			
Tow Registered Office Reduced.	E	nter Florida street addı	ess :
			<u> </u>
	City	, Florida	PZip Ade T
	-	ਹੈ: ਹ	Zip Clae
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Register	<u>zent:</u>	ŭ L	
11 1	l amusa ta mat in thia	rr 	
I hereby accept the appointment as registered agent and the provisions of all statutes relative to the proper and c	agree to act in this complete performance	capacity. 1 juriner ag <del>r</del> e of my duties, and I⊊	ee to comply with
accept the obligations of my position as registered agent	t as provided for in C	Chapter 608, F.S. Or	This document is
being filed to merely reflect a change in the registered of	ffice address, I herel	by confirm that the lim	ited liability
company has been notified in writing of this change.			

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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	John F. Thomas	1938 Portage Landing North North Palm Beach, FL 33408	
MGRM	John F. Thomas	1938 Portage Landing North North Palm Beach, FL 33408	Add  Remove
MGRM	Barbara J. Thomas	1938 Portage Landing North North Palm Beach, FL 33408	Add Z Remove
			Add Remove
			Add Remove
			Add Remove
Ar	ticle IV shall be amended as follo	ge(s) here: (Attach additional sheets, if necessions:  be managed by its Manager, and is	sary.)
the	erefore, until further action of its M	lembers, to be a manager-managed c	ompan\
Dated	Some John Ti	Down are a series of a member	OP OCT
		John F. Thomas d or printed name of signee	SSEE FL
		Page 2 of 2	8:21 STATE LORIDA
	ŀ	Filing Fee: \$25.00	