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SEÈRETANY DI SUME

T. CLINE
FEB 1 6 2010
EXAMINER

COVER LETTER

TO: Registration Division of 6	Section Corporations	•	
SUBJECT:	С	HRIS, LLC	
SUBJECT.		nited Liability Company	
	of Amendment and fee(s) are so		
	F	RICHARD S. MCNEESE Name of Person	
		Name of Person	
		MCNEESE LAW FIRM	Fig. 23
		Firm/Company	
	36468 EMERA	LD COAST PARKWAY, SUITE	2010 TEB 15
		Address	
		32541	
		City/State and Zip Code	
	RMCNE E-mail address:	ESE@MCNEESETITLE.COM (to be used for future annual report notification	₹₩
For further information	n concerning this matter, please	call:	
RICH	ARD S. MCNEESE	at (850) 33	7-4200
Nan	e of Person	Area Code & Daytime Te	lephone Number
Enclosed is a check fo ✓ \$25.00 Filing Fee	or the following amount: \$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
Reg Div P.O	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	(additional copy is enclosed) ADDRESS:

12

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CHRIS, LLC			
(Name of the Limited I	Liability Company as it now app Florida Limited Liability Company	ears on our records.)		
The Articles of Organization for this Limited Lia Florida document number L050000234	· ·	MARCH 8, 200	5 and assig	ned
Florida document number	•			
This amendment is submitted to amend the follow	wing:			c abbreviation
A. If amending name, enter the new name of	the limited liability company l	<u>iere</u> :		
DEST	INY BUILDER GROUP, L	LC		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Con	npany," the designation	3000 F	· 7 - 78° -
Enter new principal offices address, if applica	ble:			KAPPE A
(Principal office address MUST BE A STREET	ADDRESS)		SS 55	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			<u>स्थित स्थ</u>	N. 49.73
			3 5	
Enter new mailing address, if applicable:	**************************************		Carrier Cons	
(Mailing address MAY BE A POST OFFICE B	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered offi		n our records, <u>enter</u>	the name of	the new
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida street a	ddress	
		, Florida _		
	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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>le</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
<u>_</u> _			□ Damaua
			— n
			Add Remove - 1
			ST DAdd
If amei	nding any other information, en	nter change(s) here: (Attach additional sheets, p	
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		20 (Z)	
	February 12	<u>, 2010</u> .	

Page 2 of 2

Filing Fee: \$25.00