L06000018811

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.

Office Use Only



200068301012

53/22/06--01036--023 **30.00

2006 MAR 22 PM 2: 03

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: (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:
Stemice Campbell (Name of Person)
Chm llc (Firm/Company)
20310 housando Da H 203 (Addess) Oulando II. 37818 (City/State and Zip Code)
(City/State and Zip Code) For further information concerning this matter, please call:
Storice Campbell at (46) 433 837 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{Solution} \text{Solution} \text{Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

	Or
	(Present Name)
	(CM 11C)
_	(A Florida Limited Liability Company)
	TORDE LA
FIRST;	The Articles of Organization were filed on document number 400000 18811 . O and assigned
SECOND:	This amendment is submitted to amend the following:
	We would like to release Mr. Hobby Munn
	from his duties as Managera Member of
	Charles Only remaining members are
	Shoring Campbell and Conver States. Mr.
	Munn is well to participate in and
	Irusuiers actuaties at this time.
Dated	Jaroh 20, 2006.
	Land
	Signature of a member or authorized representative of a member
	Alexide Campoll Typed or printed name of signee

Filing Fee: \$25.00