#L06000035820

5/27/2014 11:04 FAX 8132212900 HILL WARD & HENDERSON 001

5/27/2014 Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

C/m #: 3997-04

From:

Account Name : HILL WARD HENDERSON
Account Number : 072100000520
Phone : (813)221-3900
Fax Number : (813)221-2900

Doc. #: L06000035820

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

CH YBOR, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	**$60.00**

K. SALY
EXAMINER

MAY 28 2014

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2014

CH YBOR, LLC
SKATEPARK OF TAMPA
4215 EAST COLUMBUS DRIVE
TAMPA, FL 33605

SUBJECT: CH YBOR, LLC
REF: L06000035820

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted is incomplete, missing MGR page. Please refax the complete form printed on white paper.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H14000122446
Letter Number: 114A00011311

RECEIVED
14 MAY 27 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CH YBOR, 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:

P. Prestin Weidner
Name of Person

Hill Ward Henderson, P.A.
Firm/Company

101 E. Kennedy Blvd., STE 3700
Address

Tampa, Florida 33602
City/State and Zip Code

ryantclements@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
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)
- ☐ $66.00 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

FILED
2014 MAY 27 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CH Yoder, 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 04/05/2006 and assigned Florida document number L06000035820.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

4611 North Hale Avenue
Tampa, Florida 33604

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

4611 North Hale Avenue
Tampa, Florida 33604

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: Ryan T. Clements

New Registered Office Address: 4611 North Hale Avenue
Enter Florida street address

Tampa, Florida 33604
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 14, 2014

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: $25.00

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