LD6000073618

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EXAMINER



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10/27/11--01024---001 **25.00

11 0CT 27 AM to: 39

SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJI	ECT:	CHAIRMAN Name of Limi	TITLE LLC ted Liability Company	1007 P.7 M.
The en	closed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
			L. BAJGIER Name of Person	
		CHAIRMA	W TITLE, LLC Firm/Company	
		6702 G	ULF BLVD. SUITE	E A
			BEACH FL 337 City/State and Zip Code	
		E-mail address: (1	O CHAIR MANTITLE, o be used for future annual report notifica	CON1 ttion)
For fur	ther information co	ncerning this matter, please c	all:	
	OUIS E Name of	BAJGIER Person	at (8/3) 9/8-23 Area Code & Daytime T	3 42 Telephone Number
Enclos	ed is a check for the	e 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

THEORET MIN. 39

(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 <u>July</u> 25 2006 and assigned Florida document number <u>L06000073618</u>. 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 offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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:

MGR = Manager

MGRM = Managing Member

Title <u>Name</u> <u>Address</u> **Type of Action** MICHAEL J. SCHAFFER MGRM Add 🗌 ☐ Remove ☐ Add Remove Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated OCTOBER Signature of a member or additional representative of a member Louis BAJGIER Typed or printed name of signee

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Filing Fee: \$25.00