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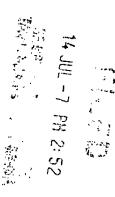
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Outlined Outline					
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COVER LETTER

TO: Registration Section
Division of Corporations

CHAZGUERNSEY 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:

Jonathan M. Girard

Name of Person

Firm/Company

16911 Avenida de Santa Ynez

Address

Pacific Palisades, CA 90272

City/State and Zip Code

jongirard@thewhalehouse.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan M. Girard

 $_{at}(310)890-1999$

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)

\$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

CHAZGUERNSEY LLC						
(<u>Name of the Limite</u>	d Liability Compan A Florida Limited Li	y as it now appears on our records.) ability Company)				
The Articles of Organization for this Limited Lia	ability Company v	were filed on April 11, 2007	8	and assig	ned	
Florida document number L07000039047	- •					
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liabil	ity company here:				
The new name must be distinguishable and end with the w	vords "Limited Liabil	ity Company," the designation "LLC" or t	the abbrevi	iation "LL	C."	
Enter new principal offices address, if applicable:		16911 Avenida de Santa Ynez				
(Principal office address MUST BE A STREET ADDRESS)		Pacific Palisades, CA 90272				
Enter new mailing address, if applicable:		16911 Avenida de Santa Y	nez			
(Mailing address MAY BE A POST OFFICE BOX)		Pacific Palisades, CA 90272				
						
B. If amending the registered agent and/o	r registered offi	ice address on our records, ent	ter the i	name of	the new	
registered agent and/or the new registered off	<u>ice address here</u> :		2 .		•	
Name of New Registered Agent:	Marion R. Lu	ıckman			1	
New Registered Office Address:	4125 Sunvie	w Court	**		į	
		Enter Florida street address	• •	***	2 6	
	Kissimmee	, Florida	34746		11 1	
		City	į 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

<u>Title</u>	<u>Name</u>	Address Type of Action
AMBR	Charles J. Simon	16322 Citrus Parkway
		Clermont, FL 34714
MGR	Charles J. Simon	16322 Citrus Parkway
		Clermont, FL 34714 Remove
ANBR	Debbie Ann Clarke	Croeso, 7 Treetops
		Cottage, Les Hubits
		St. Martins, Guernsey GY46LU
MGR	Marion R. Luckman	4125 Sunview Court
		Kissimmee, FL 34746
MGR	Jonathan M. Girard	16911 Avenida de Santa Ynez
		Pacific Palisades, CA 90272
		Remove

If amending any other information	n, enter change(s) here: (Attach additi	onal sheets, if necessary.)
Effective date, if other than the da The effective date must be specific, cannot b the date this document is filed by the Florid	te of filing: e prior to date of receipt or filed date and cannot a Department of State)	(optional) be more than 90 days after
Dated June 26		
	AClarke	
Debbie Ann Cla	nature of a member or authorized representativ	e of a member
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00