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571-870

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 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

Name of Person

at **(310) 890-1999**

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

(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 April 11, 2007 and assigned Florida document number L07000039047.

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:

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 Ynez

(Mailing address MAY BE A POST OFFICE BOX)

Pacific Palisades, CA 90272

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:

Marion R. Luckman

New Registered Office Address:

4125 Sunview Court

Enter Florida street address

Kissimmee

City

, Florida 34746

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

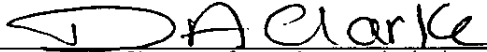
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 June 26, 2014



Signature of a member or authorized representative of a member

Debbie Ann Clarke

Typed or printed name of signee

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