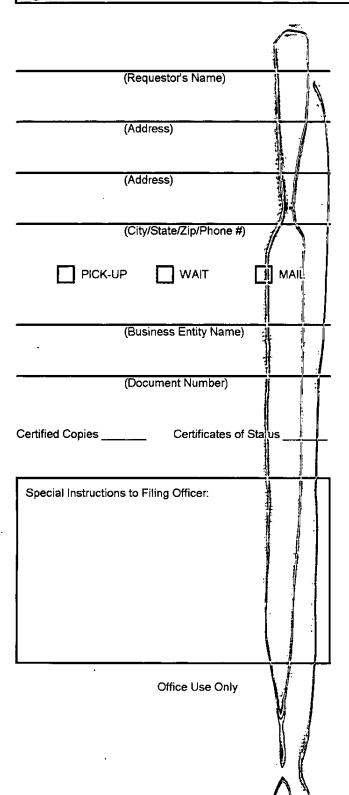
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12 SEP -4 PH 1: 39
SECRETARY OF STATE

C. LEWIS

SEP -5 2012

EXAMINER

## **COVER LETTER**

10:	Division of Cor		,	•	
⊸ SUBJE	CT:	CHRISMIA	A PARNERS, LLC		
0000			ted Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	endence concerning this matter	to the following:		
			RICHARD LOVE		_
			Name of Person		
CHF			ISMIA PARTNERS, LL	С	
			Firm/Company		-
265			LANSING ISLAND DR	<b>!</b>	
			Address		_
		INDINA HAI	RBOR BEACH, FLORIC	DA 32937	
			City/State and Zip Code		_
			RL@BELLSOUTH.NET to be used for future annual report		
		E-mail address: (	to be used for future annual report	notification)	
For fur	ther information c	oncerning this matter, please of	call:		
	RIC	HARD LOVE	at ( 321 )	777-0068	
Name of Person			aytime Telephone Numb	er	
Enclose	ed is a check for the	ne following amount:			
		\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	losed) Certific	iling Fee, cate of Status & ed Copy onal copy is enclosed)
MAILING ADDRESS:		STREET/CO	URIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 SEP -4 PM 1: 39

CI	HRISMIA <sup>†</sup> ARTNERS, LLC	TĂĨ	LLAHASSEE, FLORIDA			
(Name of the Limiter	A Florida Limited Liability Company)	s on our records.)	— EMOSEE, FLORID)			
The Articles of Organization for this Limited L	iability Company were filed on	23 JULY 2007	and assigned			
Florida document numberL0700007	<u>5135      </u> .					
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name of	of the limited liability company her	<u>e</u> :				
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Compa	ny," the designation "	'LLC" or the abbreviation			
Enter new principal offices address, if applie	cable:					
(Principal office address MUST BE A STREE	ET ADDRESS)					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE	BOX)					
B. If amending the registered agent and registered agent and/or the new registered of		our records, <u>enter</u>	the name of the new			
Name of New Registered Agent:	RICHARD LOVE					
New Registered Office Address:	265 LANSING ISLAND DR					
	Enter Florida street address					
	INDIAN HARBOR BEAC	CH, Florida	32937			
	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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. The telephoconfirm 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

<u>Title</u> <u>Name</u>

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	JACALYN DEVRIES	130 ISLAND VIEW DR	Add
		INDIAN HARBOR BEACH FLORIDA 32937	✓ Remove
MGRM	LISA ZIZZO	123 ISLAND VIEW DR INDIAN HARBOR BEACH ELORIDA, 32937	Add  Remove
			Add Remove
			Add Remove
	<u></u>		Add Remove
			Add Remove
D. If amer	nding any other information, enter o	change(s) here: (Attach additional sheets, if necess	eary.)
_			FILE 12 SEP -4 I SEGRETARY O
Dated	AUGUST 30, 2012		PM 1:39 PM STATE
	Signature of a m	nember of authorized representative of a member	
		KICHARD LOVE	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00