

LO7000092797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

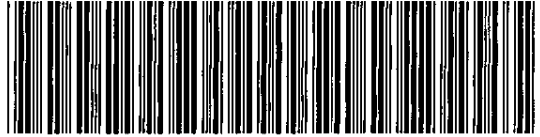
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000123199760

04/16/08--01014--023 **30.00

FILED
2008 APR 16 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

APR 17 2008

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Chesmar, 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:

Martin Deveraux Poole
(Name of Person)

Chesmar, LLC
(Firm/Company)

2127 Pioneer Trail
(Address)

New Smyrna Beach, FL 32168
(City/State and Zip Code)

For further information concerning this matter, please call:

Martin Deveraux Poole at (386) 451-5044
(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 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
2008 APR 16 AM 10:15
TALLAHASSEE, FL
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Chesmar, 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 9-11-2007 and assigned
Florida document number L07000092797.

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."

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:

Cynthia Ann Poole

New Registered Office Address:

2127 Pioneer Trail

(Enter Florida street address)

New Smyrna Beach

(City)

Florida

(Zip Code)

2008 APR 15 AM 10:24
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Cynthia Ann Poole

(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	Name	Address	Type of Action
Mgrm	Cynthia Ann Poole	2127 Pioneer Trail New Smyrna Beach, FL 32168	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Mgrm	Martin Deveraux Poole	2127 Pioneer Trail New Smyrna Beach, FL 32168	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Mgrm	Cindy Poole	2127 Pioneer Trail New Smyrna Beach, FL 32168	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Mgrm	Mark Poole	2127 Pioneer Trail New Smyrna Beach, FL 32168	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Article III

The purpose for which this Limited Liability Company is organized is:

Any and all legal business

Dated April 2, 2008

Cynthia A. Poole

Signature of a member or authorized representative of a member

Cynthia A Poole

Typed or printed name of signee

2008 APR 16 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED