

W07 000 112258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

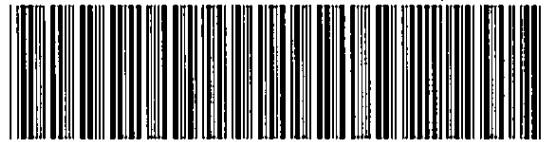
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHAPMAN GARDEN 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:

ARNT VAGLE

Name of Person

CHAPMAN GARDEN LLC

Firm/Company

107 CLAYMORE ST

Address

DELTONA FL 32725

City/State and Zip Code

arntvagle@gmail.com

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

For further information concerning this matter, please call:

ARNT VAGLE

Name of Person

407 402-6028
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

CHAPMAN GARDEN 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 11/1/2007 and assigned
Florida document number L07000112258.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CHAPMAN GARDEN LLC

The new name must be distinguishable and contain 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)

107 CLAYMORE ST

DELTONA, FL 32725

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

107 CLAYMORE ST

DELTONA, FL 32725

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:

ARNT VAGLE

New Registered Office Address:

107 CLAYMORE ST

Enter Florida street address

DELTONA

Florida 32725

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 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.

Arnt Vagle
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	MARY VAGLE	107 CLAYMORE ST, DELTONA, FL 32725	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ARNT VAGLE		<input type="checkbox"/> Add
		107 CLAYMORE ST, DELTONA, FL 32725	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
SEC	ARNT VAGLE	107 CLAYMORE ST, DELTONA, FL 32725	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

THE OWNERSHIP OF THE COMPANY - CHAPMAN GARDEN LLC - HAS CHANGED FROM BEING

OWNED BY ARNT VAGLE TO NOW FROM 7/1/2021 BEING OWNED AND OPERATED BY

MARY VAGLE, 107 CLAYMORE ST, DELTONA FL 32725

ARNT VAGLE IS BEING REMOVED AT MANAGING MEMBER

ARNT VAGLE IS BEING INSTALLED AS SECRETARY ONLY

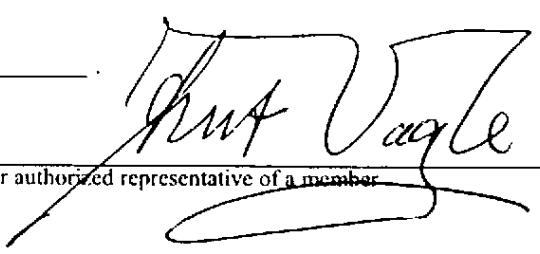
E. Effective date, if other than the date of filing: JULY 1ST, 2021 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 30, 2021


Signature of a member or authorized representative of a member

ARNT VAGLE

Typed or printed name of signee