L080000020595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

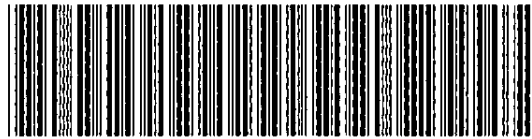☐ PICK-UP   ☒ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

500128288725

05/02/08--01005--009   **25.00

5/2/08

COVER LETTER

TO: Registration Section
        Division of Corporations

SUBJECT: _Chasons Consignment 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:

Debora Chason
                (Name of Person)

_____
                (Firm/Company)

20725 Central Ave E.
                (Address)

Blountstown, Fl. 32424
                (City/State and Zip Code)

FILED
2008 MAY -2 A II: 2b
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

_____ at (_____) _____
        (Name of Person)   (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☑ $25.00 Filing Fee   ☐ $30.00 Filing Fee &   ☐ $55.00 Filing Fee &   ☐ $60.00 Filing Fee,
                          Certificate of Status   Certified Copy   Certificate of Status &
                                                      (additional copy is enclosed) Certified Copy
                                                                                    (additional copy is enclosed)

MAILING ADDRESS: STREET/COURIER ADDRESS:
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                                Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Chasons Consignment LLC
(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on ___02\27\08___ and assigned
document number _L08000020595_.

SECOND: This amendment is submitted to amend the following:

I would like to amend to delete Debra Chason
as managing member.

FILED
2008 MAY -2 A 11: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated _May 02_, _2008_.

Debra R. Chason
Signature of a member or authorized representative of a member

Debra Chason
Typed or printed name of signee

Filing Fee: $25.00