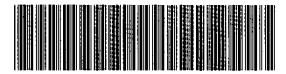
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(Re	equestor's Name	
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S. HAWKES

JUN 1 8 2010

EXAMINER

S. HAWKES

JUN 08 2018

EXAMINER





June 8, 2010

JOHN CHASE POST OFFICE BOX 118 GRANT, FL 32949

SUBJECT: CHASE CONSULTING & MARKETING SERVICES LLC

Ref. Number: L08000049312

We have received your document for CHASE CONSULTING & MARKETING SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Letter Number: 110A00014175

Suzanne Hawkes Regulatory Specialist II

www.sunbiz.org

COVER LETTER

er".	ICIS MA	TERSPORTS LLC.		.* ,	
SUBJECT:		nited Liability Company			•
			,	ŀ	
•			•		
The enclosed Articles of	f Amendment and fee(s) are su	ibmitted for filing.			•
Please return all correspondent	ondence concerning this matte	er to the following:			
		•		:	
		JOHN CHASE	•		
	***************************************	Name of Person	······································	<u>'</u>	
			,		
	CHASE CONSUL	TING & MARKETING	SERVICE	S, LLC	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company -			
	D	OST OFFICE BOX 11	Ω	:	
		Address			,
•			•		
	<u> </u>	GRANT, FL 32949		1	
		City/State and Zip Code			
•		Ichase@cfl.rr.com (to be used for future annual rep	•	•	
No. of the second	E-mail address:	(to be used for future annual rep	ort notification)) [
For further information	concerning this matter, please	call:			
			•		
	aurie Chase	at (_321-)	543- Daytime Telep	7240	
Name o	of Person ,	Area Code &	Daytime Telep	hone Number	
Enclosed is a check for t	the following amount:				
[✓] \$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	, –	7\$ 60.00 Filing	Fee
A 1052.00 1 Hills 1.cc	Certificate of Status	Certified Copy	. L	*Certificate of	of Status &
		(additional copy is e	nclosed)	Certified Co	opy copy is enclosed

TO:

Registration Section Division of Corporations

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

	PORTS LLC
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)
(A Fiorida Limited L	nability Company)
The Articles of Organization for this Limited Liability Company	were filed on MAY 16,2008 and assigned
Florida document number L08000049312	
-riorda document number	
•	
This amendment is submitted to amend the following:	
	9
A. If amending name, enter the new name of the limited liab	ility company here:
CHACE CONCULTING & MAN	DIVETING OF DIVIOES IN O
CHASE CONSULTING & MAI	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company;" the designation "LLC" or the abbreviation
L.L.C.	
Enter new principal offices address, if applicable:	5120 U. S. HWY 1, SUITE B
(Principal office address MUST BE A STREET ADDRESS)	GRANT, FLORIDA 32949
	:
	;
Enter new mailing address, if applicable:	POST OFFICE BOX 118
	·
(Mailing address MAY BE A POST OFFICE BOX)	GRANT, FL 32949 ,
	•
B. If amending the registered agent and/or registered of	fice address on our records enter the name of the nou
registered agent and/or the new registered office address here	
registered agent and/of the new registered office dudies her	* *
Name of New Registered Agent: JOHN CHA	SE
$\Box \land \land$	mon and R
New Registered Office Address: 5	U.S. HWY I SuiteD
•	Enter Florida street address
	GRANT Florida 32949
and the second s	City Zin 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, 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 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

MICHAIL — IA	lanaging Member					• •
<u>Title</u>	<u>Name</u>		<u>Address</u>			Type of Action
MGR_	LAURIE CHASE		5120 U. S. H	WY 1		_[7] Add
			GRANT, FL	32949		_ Remove
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D. If amend	ling any other information,	enter change((s) here: (Attach a	additional sheets,	if necessary.)	
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*		Typed o	r printed name of si	gnee		

Page 2 of 2

Filing Fee: \$25.00