L09000085292

(R	equestor's Name)
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(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(B	usiness Entity Name)
(-	
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

A. LUNT

SEP 18 2009

EXAMINER

Office Use Only



300160172273

09/17/09--01003--023 **25.00

COVER LETTER

TO: Registration Sec Division of Cor					
SUBJECT:	La Chandle	RY, UC			
	Name of Limi	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Nanne H	le Chandler	····		
		n//A			
		Firm/Company		2005 TAL	
	5951	COLTER Rd.		2009 SEP 17 SECRETAR) ALLAHASSI	n:
		Address		四~	
	Milto	1 FL 32583 City/State and Zip Code		TARY OF STATE	M
		Students_uwf_ed to be used for future annual report notifica	, u	STE RIDA	
			tion)		
	oncerning this matter, please o	ali:			
Nane of	Chandler	at (850) 516-380 Area Code & Daytime T	3		
Name of	reison	Area Code & Dayume i	еверноне миност		
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	ed)

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**

La Chan	dlery, UC pility Company as it now appears or		
(Name of the Limited Liab (A Flor	oility Company as it now appears or ida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liabili Florida document number <u>L090000852</u>	ty Company were filed on <u>Sep</u>	ot. 3 Rd 2009 a	nd assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the Mandler	Prospecting L	<u> </u>	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liabilit Lompany,"	" the designation "LLC" o	or the abbreviation
Enter new principal offices address, if applicable	<u> </u>	S S	<u>S</u>
(Principal office address MUST BE A STREET A)	DDRESS)	TASSI	7 T
Enter new mailing address, if applicable:		Y OF STA	∄ [1]
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	DA DA	0
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the na	ame of the new
Name of New Registered Agent:			 -
New Registered Office Address:	Enter	Florida street address	
		Marida	
_	City	, Florida Zij	p Code
New Pegistered Agent's Signature if changing Regis	•	•	

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
	•		Add Remove
<u></u>			Add Remove
			A SE COMPONENT TO SE COMPONENT
			SKY OF CO.
D. If amen	nding any other information, e	nter change(s) here: (Attach additional sho	
Dated		·///	
	Signature of	of a member or authorized representative of a name of signed. Typed or printed name of signee	nember

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Filing Fee: \$25.00