

L09000097104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

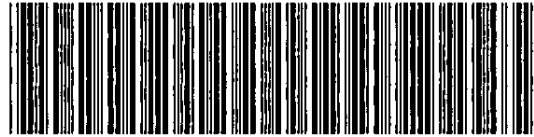
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



05/21/12--01014--002 **25.00
500235339415

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 21 PM 2:51

MAY 22 2012
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHILTON HOLDINGS II 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:

JAMES CHILTON ALBRIGHT JR
Name of Person

CHILTON HOLDINGS II LLC
Firm/Company

P.O. BOX 500144
Address

MALABAR, FLORIDA 32950
City/State and Zip Code

CHILTON1943@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES CHILTON ALBRIGHT JR at (321) 723-8808
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 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 MAY 21 PM 2:51

CHILTON HOLDINGS II 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 MARCH 2010 and assigned Florida document number LO9000097104.

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."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1382 KNAVE LANE

MALABAR, FLORIDA 32950

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 500144

MALABAR, FLORIDA 32950

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:

JAMES CHILTON ALBRIGHT JR

New Registered Office Address:

1382 KNAVE LANE

Enter Florida street address

MALABAR

City

Florida 32950

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 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.

James Chilton Albright Jr.
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JONATHAN D. LEQUEAR	339 THIRD AVENUE INDIALANTIC, FLORIDA 32903	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	TAMMY S. LEQUEAR	339 THIRO AVENUE INDIALANTIC, FLORIDA 32903	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JAMES CAMERON III	3819 SAINT ARMENS CIRCLE MELBOURNE, FLORIDA 32934	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	WANDA K. JENKINS	749 CRAWBROOK AVENUE PALM BAY, FLORIDA 32905	<input checked="" type="checkbox"/> Add <input 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.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 21 PM 2:51

Dated MAY 18, 2012.

James Chilton Albright Jr.
Signature of a member or authorized representative of a member

JAMES CHILTON ALBRIGHT JR
Typed or printed name of signee