

L 10000099411

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
JAN - 5 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Chiltern Investments 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:

Marie B. Code, Esq.
Name of Person

Marie B. Code, Esq., P.L.
Firm/Company

1308 SW 2nd Terrace
Address

Cape Coral, Florida 33914
City/State and Zip Code

marie@marieesquire.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIE B. Code at (239) 829-0063
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**

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2014 DEC 22 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Chiltern Investments 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 September 23, 2010 and assigned Florida document number L1000009411

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)

5781 Lee Blvd, 208-426

Lehigh Acres FL 33971

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5781 Lee Blvd, 208-426

Lehigh Acres FL 33971

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:

New Registered Office Address:

Enter Florida street address

City

, Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title	Name	Address	Type of Action
MGRM	Jane Lees	2162 Victoria Ave.	<input type="checkbox"/> Add
		STE 335	<input checked="" type="checkbox"/> Remove
		Fort Myers, FL 33901	
AMBR	Jane Lees	5781 Lee Blvd.,	<input checked="" type="checkbox"/> Add
		208-426	<input type="checkbox"/> Remove
		Lehigh Acres, FL 33971	
MGRM	Richard A. Lees	2162 Victoria Ave.	<input type="checkbox"/> Add
		STE 335	<input checked="" type="checkbox"/> Remove
		Fort Myers, FL 33901	
AMBR	Richard A. Lees	5781 Lee Blvd.	<input checked="" type="checkbox"/> Add
		208-426	<input type="checkbox"/> Remove
		Lehigh Acres, FL 33971	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

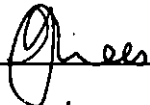
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Remove Thomas Serratore as authorized
representative as it appears in the Articles
of Organization filed on September 23, 2010
and add Marie B. Code as authorized
representative.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)

Dated December 12, 3, 2014.



Signature of a member or authorized representative of a member

JANE LEES

Typed or printed name of signee

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TALLAHASSEE, FLORIDA