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EXAMINER

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

то:	Registration S Division of Co	ection rporations			
SUBJE	ECT:	APACHE	E CHILTON LLC		
			nited Liability Company		
The en	closed Articles of	f Amendment and fee(s) are sul	bmitted for filing.		
Please	return all corresp	ondence concerning this matter	er to the following:		
			Garrison D. Lickle		
Name of Person					
Apache Trust Holdings LLC					
	Firm/Company				
	400 S. Ocean Blvd., #209				
	Address				
		D	Polm Booch El 22480		
		<u></u>	Palm Beach, FL 33480 City/State and Zip Code		
			gary@gdlickle.com		
		E-mail address: (gary@gdlickle.com (to be used for future annual report notification)		
For fur	ther information	concerning this matter, please of	call:		
	Gar	rison D. Lickle	at (_561_) 833-7111		
		of Person	Area Code & Daytime Telephone Number		
Enclose	ed is a check for t	he following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Certified Copy (additional copy is enclosed) Certified Co (additional codditional coddition	f Status &	
	Regist Divisio P.O. B	AING ADDRESS: ration Section on of Corporations ox 6327 assee, 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

APACHE CHILTON 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 <u>December 7, 2010</u> and assigned Florida document number <u>L10000125480</u> .
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
APACHE TRUST HOLDINGS LLC
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)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
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: Elevida
City 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 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 MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add Remove		
			Add Remove		
			Add Remove		
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_		
_			<u> </u>		
_			_ _		
Dated	Signature of a member	Wynes r or authorized representative of a member			
	-	y LTD By: Garrison D. Lickle, President			

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00