

L11000077405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 AUG 27 AM 9:42

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J. SAULSBERRY
EXAMINER

AUG 29 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ^{Reason} Transfer of Ownership/MGRM

Name of Limited Liability Company
ONE CHIP UP, LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bryan Walker

Name of Person

ONE CHIP UP, LLC

Firm/Company

253 SE Harover Pl, Apt 101

Address

Lake City, FL, 32025

City/State and Zip Code

onechipupllc@gmail.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Bryan Walker

Name of Person

at (386)

628-1678

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**

ONE CHIP UP, 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 7/5/2011

Florida document number L11000077405

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A NO NAME CHANGE

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)

253 SE Hamover Pl, Apt 101
Lake City, FL 32025

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

253 SE Hamover Pl, Apt 101
Lake City, FL 32025

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

Florida

City

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.

If Changing Registered Agent, Signature of New Registered Agent

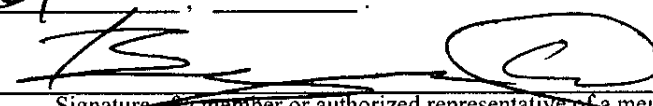
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	John Carden	493 NW FLEMING LANE WELLBORN FL 32094	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Bryan Walker	253 SE Hamner Pl APT 101 Lake City FL 32025	<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
			<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)

2012 AUG 27 AM 8:42
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 9/21/2012


 Signature of a member or authorized representative of a member
 Bryan Walker

 Typed or printed name of signee