

L11000101080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

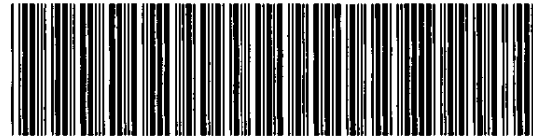
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUN 05 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHM Enterprises 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:

Emily S Lewis

Name of Person

CHM Enterprises LLC

Firm/Company

PO Box 510335

Address

Punta Gorda, FL 33951

City/State and Zip Code

emily@threepeasboutique.com

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

For further information concerning this matter, please call:

Emily Lewis

Name of Person

at (941)

916-1158

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

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CHM Enterprises LLC

Page 1 of 2

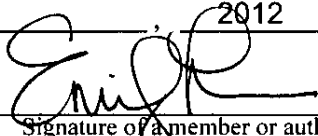
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

- MGR = Manager
- MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Alexia D Martin	10036 Winding River Rd Punta Gorda, FL 33950	☐ Add ☒ Remove
MGRM	Darion S Lewis	1050 Cleveland Ct. Punta Gorda, FL 33982	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated June 01, 2012



Signature of a member or authorized representative of a member

Emily S. Lewis

Typed or printed name of signee

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