

# L11000115935

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(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
SEP 18 2013

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 2431 Chase, 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:

William Glenn Roy, III, Esq.

Name of Person

the Roy Law Firm

Firm/Company

1003 Orienta Avenue

Address

Altamonte Springs, Florida 32701

City/State and Zip Code

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

For further information concerning this matter, please call:

William Glenn Roy, III, Esq. at 407 869-1414

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

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TALLAHASSEE, FLORIDA

**(Name of the Limited Liability Company as it now appears on our records.)**  
(A Florida Limited Liability Company)

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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

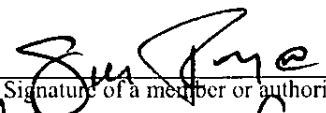
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Dated September 11<sup>th</sup>, 2013.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Attorney in fact  
\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00