L12000067954

(Requestor's Name)
(Address)
(,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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07/05/12--01006--008 **25.00

JUL 2 4 2012 T. HAMPTON

COVER LETTER

Division of Corporations				
SUBJECT:	Chason Custom C	onstruction Srevices LL	C	
	Name of Limi	ted Liability Company		
•				
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Kenny Chason		
		Name of Person		
	Chason (Custom Construction service	s	
	Firm/Company			
		1011 south weeks st		
		Address		
		Bonifay, FL, 32425		
	*	City/State and Zip Code		
	san	wise2356@yahoo.com		
	·	to be used for future annual report notific	ation)	
For further information	concerning this matter, please of	ali:		
K	enny Chason		26-2725	
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	Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	LING ADDRESS:	STREET/COURIE Registration Section	R ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



RECEIVED

12 JUL 23 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

July 9, 2012

KENNY CHASON 1011 S WEEKS ST BONIFAY, FL 32425

SUBJECT: CHASON CUSTOM CONSTRUCTION SERVICES LLC

Ref. Number: L12000067954

We have received your document for CHASON CUSTOM CONSTRUCTION SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 412A00018376

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chason Cu	ustom Construction Serv	ces LLC	
(Name of the Limited (A	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.	
The Articles of Organization for this Limited Li	ability Company were filed on	5/18/2012	and assigned
Florida document numberL12000067			SEC //Sic
			
This amendment is submitted to amend the follow	owing:		TARY CO
A. If amending name, enter the new name of	f the limited liability company he	<u>re</u> :	E BASE
	on Custom Construction LLC		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Comp	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applic	able:	·	
(Principal office address MUST BE A STREE	T ADDRESS)	<u></u>	
Enter new mailing address, if applicable:	**************************************		
(Mailing address MAY BE A POST OFFICE)	<u></u>		
			
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 of			
Name of New Registered Agent:			
New Registered Office Address:			
	E	iter Florida street ada	tress
		, 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

IGR = Ma IGRM = N	nager ⁄Ianaging Member		
<u>ïtle</u>	Name	Address	Type of Action
	-		
			Remove
			
			C Damara

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. If ameno	ling any other information, enter cha	nge(s) here: (Attach additional sheet	s, if necessary.)
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	Kenn Mi	r Varon/	1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	Signature of a mem	per or authorized representative of a men	nber

Page 2 of 2

Filing Fee: \$25.00