12000067954

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900248393689

06/19/13--01011--030 **35.00

PILED
SECRETARY OF STATE

JUN 2 7 2013 J. BRYAN

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

Chasons Custom Construction 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:

kenneth chason

Name of Person

chason custom construction

Firm/Company

1011 south weeks st

Address

bonifay fl, 32425

City/State and Zip Code

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

For further information concerning this matter, please call:

Kenny Chason

_{...}850 **547494**2

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chason Custom Construction 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 Li	ability Company	were filed on 7/23/2012	2 and assigned	
Florida document number L12000067954	,		ત્યુ	
This amendment is submitted to amend the following			TALLAHASSEE, F	
A. If amending name, enter the new name of	the limited liab	ility company bere:	SSE SE	
Chasons Custom Construction Ll	_C		TOP IN	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Company," the d	lesignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		1011 south weeks st		
(Principal office address MUST BE A STREE	T ADDRESS)	bonifay FI, 32425		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/o		fice address on our reco	rds, enter the name of the new	
registered agent and/or the new registered of				
Name of New Registered Agent:	Kenneth C	Chason		
New Registered Office Address:	1011 south weeks st			
	Enter Florida street address			
	bonifay	,	Florida 32425	
		City	Zip Code	
New Registered Agent's Signature, if changing R	legistered 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> MGR	_{№ Мате} Kenny Chason	Address 1011 south weeks st	Type of Action Add
		bonifay FI, 32425	Remove
			Add SECOND Remove
			Add Remove Remove Remove
			Add
			Add
			Add

D. If amending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)
 	
•	
	0040
Dated June 16	, <u>2013</u> .
	Kennoth W. Chason
	Signature of a member or authorized representative of a member
	KENNETH WCHASON
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

