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T. HAMPTON

COVER LETTER

Division of Corporations
SUBJECT: Chapman Building and Consulting 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:
Will Stewart Chapman TII Name of Person
Firm/Company
708 Nutneg Ave
Address
Miceville, FL 32578 City/State and Zip Code Chapman stew @ 49h00, Com E-mail address: (to be used for Auture annual report notification)
City/State and Zip Code
Chapmanstew@yahoo.com
E-mail address: (to be used for-stuture annual report notification)
For further information concerning this matter, please call:
Will Stewart Chapman #(850, 865-7175
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$\int_{\sumsymbol{A}} \times_{\sumsymbol{A}}
\$30.00 Filing Fee \$\times \$30.00 Filing Fee \$\times \$\times \$55.00 Filing Fee \$\times
MAILING ADDRESS: Registration Section STREET/COURIER ADDRESS: Registration Section

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

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FROM STALL OF ORGANIZATION OF THE RESTRESS O

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

(A Florida Liability Company)

	Oct.	79 3013
The Articles of Organization for this Limited Liabilit	y Company were filed on $\bigcirc\bigcirc\bigcirc$	and assigned
The Articles of Organization for this Limited Liability Florida document number	$\frac{+5.3}{}$ (ethective d	ato Jan 1,2013)
		0
This amendment is submitted to amend the following	3:	
A. If amending name, enter the new name of the	limited liability company here:	
		"I I O" I I I I I
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,"	the designation "LLC" or the appreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	Σ	
B. If amending the registered agent and/or re	-	records, enter the name of the new
registered agent and/or the new registered office a	auuress nere:	
Name of New Registered Agent:		
New Registered Office Address:	Enter I	lorida street address
	LIRET I	MITTER BUILDS
	City	, Florida
	c_{ny}	Lip Couc

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>		Address	Type of Action
MGR	Will Stewart Chapman III	708 Putmag Ave	Add
		Niceville, FC 32578	Remove
M <u>GR</u>	MayaTia Marlah Hawze Chapman	1 708 Nutneg Ave Wicerille, Fl 32578	Add Remove
	······································		Add Remove
			Add Remove
			Add Remove
			Add NOV BO PHIZ: 2
	Page 2 of	f 3	2: 2

. нап	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ted	Nov 27, 2012 (effective date Jan 1,20
	Signature of a member or authorized representative of a member
	Will Sewart Chapman III

Page 3 of 3

Filing Fee: \$25.00

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