(Rec	questor's Name)	
(Add	iress)	
(Add	dress)	
(City	//State/Zip/Phone	+)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
	,	
•		

Office Use Only



600244201966

02/01/13--01011--017 **30.00

C. LEWIS
FEB -4 2013
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Chasing Bugs Garage E RESTORATION, LLC.
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Spencer E. Del Campillo Name of Person
Firm/Company
951 Armstrong Blud. Ste. A
Kissimmer, FL. 34741 City/State and Zip Code
Spencer & ifindans. Com E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Spencer E. Del Campillo at (321) 402-9410 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2813 FEB - 1 AM 10: 56

Chasing Bug S Marage of Restoration 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 Liability Company were filed on January 24,2013 and assigned Florida document number L13000012259.

This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit. Chasing Bugs Garage & The new name must be distinguishable and end with the word "L.L.C."	Restorations	the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRI	ESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register	ared office address on our	records, anter the name of the new		
registered agent and/or the new registered office addre		records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
TOWN TREE STATE OF THE PROPERTY.	Enter	Florida street address		
		, 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

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 Title Name **Address** Type of Action SPENCER E. Del Campillo 3496 Forest Ridge LN. VAdd mar Kissimmee, FL. 34741 Remove Madeline Del Campillo 3496 Forest Ridge LN. JADO MERM Kissimmee PL. 34741 Remove MERM Jarod S. Del Campillo 3496 Forest Ridge LN. JAdd Kissimmee, FL. 34741 MERM Spencer A. Del Campillo 3496 Forest Ridge LN. JAdd Kissimmee FL. 34741

D. If amending any other information, enter change(s) here: (Attach additional sheets, if nec	essagyeretary DIVISION OF C	EU 7 OF STATE ORPORATION
•	2813 FEB - I	
Dated January 28, 2013.		
Signature of a member or authorized representative of a member		_
Typed or printed name of signee		_

Page 3 of 3

Filing Fee: \$25.00