L13000066460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 1 5 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
        Division of Corporations

SUBJECT: **CHARTHAM 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:

SIMON B HOWELL

Name of Person

Firm/Company

222 CELEBRATION BLVD

Address

KISSIMMEE FLORIDA 34747

City/State and Zip Code

simonhowell1@btconnect.com

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

For further information concerning this matter, please call:

SIMON B HOWELL   at (**407**) **335-7104**

Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

❏ $25.00 Filing Fee   ❏ $30.00 Filing Fee &   ❏ $55.00 Filing Fee &   ☑ $60.00 Filing Fee,
                        Certificate of Status   Certified Copy   Certificate of Status &
                                                      (additional copy is enclosed) Certified Copy
                                                                                   (additional copy is enclosed)

MAILING ADDRESS: **STREET/COURIER ADDRESS:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                                        Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CHARTHAM 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 **6 June 2013** and assigned

Florida document number **L13000066460** .

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

_____

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

_____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

_____

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

<u>Name of New Registered Agent</u>: **SIMON B HOWELL**

<u>New Registered Office Address</u>: **222 CELEBRATION BLVD**

Enter Florida street address

KISSIMMEE , **Florida** **34747**

City   *Zip Code*

<u>New Registered Agent's Signature, if changing Registered Agent</u>:

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 605, 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, <u>Signature of New Registered Agent</u>

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Simon B Howell	222 Celebration Blvd Kissimmee Florida 34747	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ADD EIN : 33-1228214

E. Effective date, if other than the date of filing: _____ **(optional)**
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b)

Dated ____8ᵗʰ___ _JANUARY___ , __2014__ .

_____
Signature of a member or authorized representative of a member

JEANE M. TOURELLE
_____
Typed or printed name of signee

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Filing Fee: $25.00