

L130000134138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

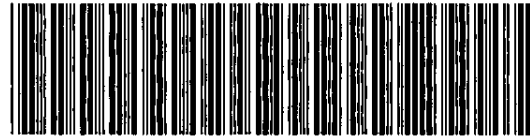
(Document Number)

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2013 NOV -1 AM 8:06
FILING

J. SAULSBERG
EXAMINER

NOV 4 2013

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **CHINSEGUT MANAGEMENT GROUP, 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:

S. Michael Ostow

Name of Person

Firm/Company

3637 4th St. N., Ste. 200

Address

St. Petersburg, FL 33704

City/State and Zip Code

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

For further information concerning this matter, please call:

S. Michael Ostow

Name of Person

at **727 898-1559**

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

2013 NOV -1 AM 8:06
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

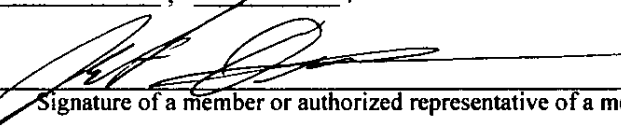
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	S. MICHAEL OSTOW	14503 87th Ave. N.	<input checked="" type="checkbox"/> Add
		Seminole, FL 33776	<input type="checkbox"/> Remove
MGR	Paula S. Ostow	14503 87th Ave. N.	<input checked="" type="checkbox"/> Add
		Seminole, FL 33776	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated Sept. 26, 2013



Signature of a member or authorized representative of a member

Justin Ostow

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 NOV - 1 AM 8:06
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