13000138322

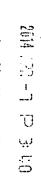
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B. BOSTICK

APR - 9 2014

EXAMINER

COVER LETTER

Division of Corpor	ations			
SUBJECT:/	CKEYS Ru Mame of Limi	E COTAIN A AND VINY ited Liability Company	1240	
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
	c Ches	Sfor Cumpbo-// Name of Person	, 	
		Firm/Company		
	100	Address		
		·		
	Post	Sf hucie 34 City/State and Zip Code	953	
and the second s		City/State and Zip Code Ck/5 45 of 9 mm/. Com to be used for future annual report notific		
 For further information conc			* ***	No.
		at (<u>56/</u>) <u>704</u> ~ Area Code Daytime		
		Area Code Daytime	Felephone Number	
Enclosed is a check for the fo	-			-
□ \$25.00 Filing Fee I	\$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 enclo	s &

TO:

Registration Section

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

Chester K (Name of the Limited Liab)	EYS LLC lity Company as it now appears on da Limited Liability Company)	our records.)	
(A Florid	da Limited Liability Company)		
The Articles of Organization for this Limited Liability	Company were filed on <u>Oct</u>	01 2013	_ and assigned
Torida document number <u>L13000138322</u>			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and end-with the words "L	1 1 / L L C imited Liability Company," the desig	nation "LLC" or the abbr	eviation "L.L.C.'
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	RESS)		
	•	¢	26
nter new mailing address, if applicable:			- 1 - 27
Aailing address MAY BE A POST OFFICE BOX)		13	
		3	U
		إ	News Physics
 If amending the registered agent and/or registered agent and/or the new registered office adendered. 		· records, <u>enter-the</u>	name of the
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida st		
	City	, Florida	Zip Code
	Cuy		ыр соае

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 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, Signature of New Registered Agent

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 = Au	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Chostor Campboll	100 SW PARE De	BAdd
		Port St Lucio	□ Remove
		FL 34953	
, <u>AMBR</u>	Colo Rippo	436 23 Rd St	BAdd
		Wast Palm Borach	□ Remove
		FL 33407	
			
			□ Remove

		···	Remove
		· · · · · · · · · · · · · · · · · · ·	□ Add
		···	Remove
<u></u>			🗆 Add
			Remove

. If amending any other information, enter change(s) here: (Attach additional sheets, if nece	essary.)
	· · · · · · · · · · · · · · · · · · ·
Effective date, if other than the date of filing:	
Dated 14/3/2014 April 03, 2014.	
The state of the s	
Signature of a member of authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00

아이 은 리 나 막, 해정