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COVER LETTER

Division of Cor	porations .			
Chairline, L	LC			
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Kevin F. Jursinski, Esq.			
	<u>. </u>	Name of Person		
	Kevin F. Jursinski, P.A.			
		Firm/Company		
•	15701 S. Tamiami Trail			
		Address		
	Fort Myers, FL 33908			
		City/State and Zip Code		
	Lisa@kfjlaw.com			
	E-mail address: (to be used for future annual report notific	1 7 7	
For further information co	oncerning this matter, please ca	all:		a version of
Kevin F. Jursinski		239 337-1147 at ()	Celephone Number 7 7 0	
Name of	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for th	ne 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)	ı

MAILING ADDRESS:

TO:

Registration Section

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

Chairline, LLC						
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Li Florida document number L13000173487	ability Company	were filed on 12/17/2013	a	and assig	gned	
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
n/a						
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the designation "LLC" of	or the abbrevia	tion "L.L.	.C."	
Enter new principal offices address, if applic	nter new principal offices address, if applicable:		701 S. Tamiami Trail			
(Principal office address MUST BE A STREE	i	Fort Myers, FL 33908				
Enter new mailing address, if applicable:		15701 S. Tamiami Trail				
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	Fort Myers, FL 33908				
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	WL.	2015	f the new	
New Registered Office Address:	15701 S. Tamia	ami Trail	. 多说 用用 类性		45-44442	
New Registered Office Address.	Fort Myers	Enter Florida street address	33908	2; D	m	
	`	City		p Cade		
New Registered Agent's Signature, if changing I	Registered Agent:		音形 日本。 ア	: 3 <u>1</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, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action <u>Name</u> **Address** <u>Title</u> □ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Change □ Add □ Remove ☐ Change 달 **르む** Add, Charlge Service Servic 1.⊒ _□ Add □ Remove ☐ Change □ Add □ Remove

☐ Change

If amending any other information, enter change(s) here: (Attach addition	onal sheets, if necessary.)
	
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fective date, if other than the date of filing:	(ontional) File
in effective date is listed, the date must be specific and cannot be prior to date of filing or more te: If the date inserted in this block does not meet the applicable statutory filing it	e than 90 days after filing.) Pursuant to 603,0207 (3), requirements, this date will not be listed as the
cument's effective date on the Department of State's records.	33 T
record specifies a delayed effective date, but not an effective tim	
The 90th day after the record is filed.	
ned	
Signature of member or authorized representative of	a member
Tomas Novak	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00