

L14000003148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

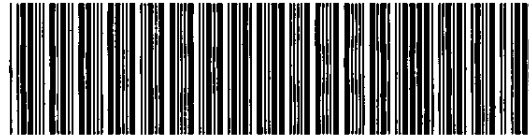
(Business Entity Name)

(Document Number)

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2014 AUG 28 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan AUG - 8 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 11, 2014

MICHAEL J. BUNDY  
COLDWELL BANKER F.I  
6330 US HWY 19  
NEW PORT RICHEY, FL 34652

SUBJECT: CHILASAR, LLC  
Ref. Number: L14000003148

We have received your document for CHILASAR, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The heading must state Articles of Amendment. The wrong document number is listed. The box for adding Manager was checked. Who were you adding? I have enclosed an Amendment form

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 214A00017134

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CHILASAR, 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:

Michael J. Bundy

Name of Person

Coldwell Banker F.I Grey & Son Residential, Inc.

Firm/Company

6330

63300 US Hwy 19

Address

New Port Richey, FL 34652

City/State and Zip Code

mbundy@cfigrey.com

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

For further information concerning this matter, please call:

ALLAN GOLDMAN

310 293-1192

Name of Person

at ( )

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

CHILASAR, 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 7, 2014  
~~L14000003148~~ and assigned  
Florida document number L14000003148.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MICHAEL J BUNDY

New Registered Office Address:

6330 US Hwy 19

Enter Florida street address

POPE RICHEY

City

Florida

34652

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 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.

[Signature]

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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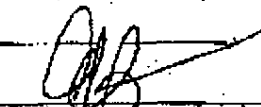
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
*(The effective date must be specific, cannot be prior to the date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated

8/20/14



Allan Golman

Signature of a member or authorized representative of a member

Typed or printed name of signer

FILED  
2014 AUG 28 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA