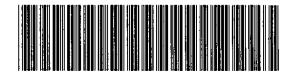
L14000040075

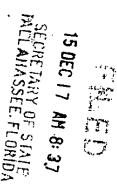
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



100280111291

12/17/15--01008--002 **25.00



DEC 1 7 2015 J SHIVERS

COVER LETTER

TO:	Registration Sec Division of Corp		,	
cup.	CMBFB HC	LDINGS, LLC		
SUBJ	ECT:	Name of Limi	ted Liability Company	
The e	nclosed Articles of a	Amendment and fee(s) are subt	nitted for filing.	
Please	e return all correspoi	ndence concerning this matter	to the following:	
		Cammie Chatterton		
			Name of Person	, g., v
		CMBFB HOLDINGS, LLC		
			Firm/Company	
		5111 Memorial Highway		
			Address	
		Tampa, FL 33634		
			City/State and Zip Code	
	,	CCHATT1@AOL.COM	to be used for future annual report notifi	cation
For fi	urther information co	oncerning this matter, please ca		carrony
Roch	elle Walk		813 999-0199 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	osed is a check for th	ne following amount:		
s	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

CMBFB HOLDINGS, LLC	
(Name of the Limited Lial (A Flor	bility Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L14000040075	y Company were filed on 03/10/2014 and assigned and assigned
his amendment is submitted to amend the following:	y;
. If amending name, enter the new name of the li	limited liability company here:
Chatterton and Son, LLC	
he new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET AD	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office ad Name of New Registered Agent:	egistered office address on our records, enter the name of the
New Registered Office Address:	SS
	Enter Florida street address
	City Zip Code
ew Registered Agent's Signature, if changing Registe	ered Agent:
lew Registered Agent's Signature, if changing Registe hereby accept the appointment as registered agen	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Mark Woolever	13980 Oak Forest Blvd	
		Seminole, FL 33776	■ Remove
			☐ Change
			Add
		 	□ Remove
			Change
			∩ ∧dd
			□ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
	-		
			□ Remove
			□ Change

	· · · · · · · · · · · · · · · · · · ·							
								_
						 		_
								_
							•	_
		 			<u> </u>			
·								_
								_
	· · · · · · · · · · · · · · · · · · ·		 	··-				_
	 							_
								_
	·							_
							댨	
						2.70 E.01	DEC	<u> </u>
		 				255 755 755		
		· · · · · · · · · · · · · · · · · · ·				<u> </u>		— decire
						- F S	.⊒x ∞	Santa para
							<u>ဏ</u>	—
'aati	doto if other is it.	. J.4. čen				O	7	
n effecti 1 te: - If	e date, if other than the date is listed, the date muthe date inserted in this but's effective date on the I	ust be specific and block does not n	cannot be prior neet the applic	able statutory f	or more than 90 di iling requireme	_ (optional) > ays after filing.) Purs	suant to 6	50 5 .02 isted
recor The 90	rd specifies a delaye Oth day after the re	ed effective c	late, but no	t an effectiv	e time, at 1	2:01 a.m. on t	he ear	rlier
		oora io medi						
ted	Dec 15		2015	-				
		!	· <u>- 10</u>	 ·				
		Signature of a	nember or auth	orized representa	tiva of a mambar			
		organiatore or a	member of duar	ornou representi	uve or a member			

Page 3 of 3

Filing Fee: \$25.00