

L14000073919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

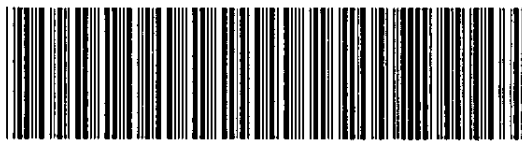
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2014 MAY 23 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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14 MAY 23 PM 4:28

DEPARTMENT OF CORPORATION



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 151690 7997646

AUTHORIZATION :

COST LIMIT : \$ 60.00

ORDER DATE : May 23, 2014

ORDER TIME : 2:21 PM

ORDER NO. : 151690-005

CUSTOMER NO: 7997646

FILED
2014 MAY 23 AM 8:04
RECORDS OF STATE
TALLAHASSEE, FL 32310

DOMESTIC AMENDMENT FILING

NAME: TWER-KING CHAMELEONS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

xxx CERTIFIED COPY
 PLAIN STAMPED COPY
xxx CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TWER-KING CHAMELEONS, 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:

JAMES M. DAVIS, JR.

Name of Person

TWER-KING CHAMELEONS, LLC

Firm/Company

9032 DIXIANA VILLA CIRCLE

Address

TAMPA, FL 33635

City/State and Zip Code

twerkingchameleons@gmail.com

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

For further information concerning this matter, please call:

Patti Davis, AMBR

Name of Person

813 401-1664

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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

2014 MAY 23 AM 8:00

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TWER-KING CHAMELEONS, 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 May 7, 2014

Florida document number L14000073919

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

FILED
MAY 23 AM 8:00
CLERK OF COUNTY OF ST. LUCAS
FLORIDA

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>
OPMG	James M. Davis, Jr.	9032 Dixiana Villa Circle Tampa, FL 33635	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	James M. Davis, Jr.	9032 Dixiana Villa Circle Tampa, FL 33635	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MMBR	Patti J. Davis	9032 Dixiana Villa Circle Tampa, FL 33635	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	Patti J. Davis	9032 Dixiana Villa Circle Tampa, FL 33635	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MMBR	James M. Davis, Sr.	9032 Dixiana Villa Circle Tampa, FL 33635	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	James M. Davis, Sr.	9032 Dixiana Villa Circle Tampa, FL 33635	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

2014 MAY 23 AM 11:00
FILED
CLERK OF COURT
HILLSBORO COUNTY
FLORIDA

FILED

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>
MMBR	Lory A. Spaulding	9867 Meadow Field Circle	<input type="checkbox"/> Add
		Tampa, FL 33626	<input checked="" type="checkbox"/> Remove
AMBR	Lory A. Spaulding	9867 Meadow Field Circle	<input checked="" type="checkbox"/> Add
		Tampa, FL 33626	<input checked="" 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

2014 MAY 23 AM 8:00
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CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE SEVENTH JUDICIAL CIRCUIT
IN FLORIDA

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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 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 May 23, 2014



Signature of a member or authorized representative of a member

PATTI J. DAVIS

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAY 23 AM 8:00

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