

L14000115164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

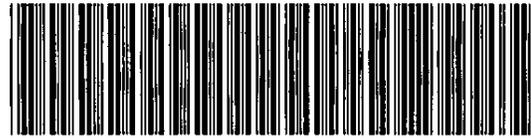
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 SEP 26 AM 11:00
FALLASSEE, ILLINOIS

2016 OCT -5 P 2:21
D. BRUCE
OCT 06 2016
FALLASSEE, ILLINOIS

FILED

10/03/2016

William Chadwick Design
3497 High Ridge Rd
Boynton Beach, FL 33426

Subject: William Chadwick Design LLC
Ref. Number: L14000115164

To whom it may concern:

We have whited out the name change and have decided to stay with our existing name. Please remove William L Chadwick II as a member from the business. William L Chadwick will be the sole member.

Sincerely,

William Chadwick
Owner
561-249-2375

FILED
2016 OCT -5 P 2:21
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 27, 2016

BILL CHADWICK
3497 HIGH RIDGE ROAD
BOYNTON BEACH, FL 33426

SUBJECT: WILLIAM CHADWICK DESIGN LLC
Ref. Number: L14000115164

We have received your document for WILLIAM CHADWICK DESIGN LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "LC.," "Ltd.," and "Co."

The document number of the name conflict is S05238 & L05000119709.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 516A00020744

2016 OCT -5 P 2:21
TALLAHASSEE, FLORIDA
REGISTRY OF CORPORATIONS

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: William Chadwick Design 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:

Bill Chadwick
Name of Person
William Chadwick Design
Firm/Company
3497 High Ridge Rd
Address
Boynton Beach / FL 33426
City/State and Zip Code
Williamchadwick22@gmail.com
E-mail address: (to be used for future annual report notification)

FILED
2018 OCT -5 P 2:21
TALLAHASSEE, FLORIDA
STATE SECRETARIAT

For further information concerning this matter, please call:

Billy Chadwick at (561) 400-4533
Name of Person 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**

William Chadwick Design 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 July 22nd 2014 and assigned Florida document number L14000115164.

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 contain 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

_____, Florida _____
City 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

