

(Requestor's Name)
· (Address)
•
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duning of Entity News)
(Business Entity Name)
(Document Number)
(2002)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400287344534

07/07/16--01012--012 **30.00



COVER LETTER

TO:		istration Sec ision of Corp			* ***
SUBJE	CT.	Chameleon I	Enterprises, LLC		
acaue	CI:		Name of Limit	ed Liability Company	
The enc	losed	Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please r	eturn	all correspon	dence concerning this matter to	o the following:	
			Ashley Price		
				Name of Person	
			Chameleon Enterprises, LL0	C	
				Firm/Company	
			2855 Gulf to Bay Blvd. Apt	4108	
				Address	
			Clearwater, FL 33759		
			price416@gmail.com	City/State and Zip Code	
			E-mail address: (to	be used for future annual report	notification)
For furt	her in	formation cor	ncerning this matter, please cal	I:	
Ashley	Price			352 573-136	
		Name of	Person	Area Code Da	ytime Telephone Number
Enclose	d is a	check for the	following amount:		
\$25	.00 Fi	iling 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 Taliahassee, 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

Chameleon Enterprises, LLC			•
(Name of the Lim	ited Liability Company as it now as (A Florida Limited Liability Compa	ppears on our records.) any)	
he Articles of Organization for this Limited	Liability Company were filed or	n November 04, 2014	and assigned
lorida document number L14000171408	·		
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name	of the limited liability compan	ıy here:	•
			·
he new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the ab	Grand Control
nter new principal offices address, if appli	cable:		5
Principal office address MUST BE A STRE	ET ADDRESS)		
			72. 1
		[7] 	
nter new mailing address, if applicable:			<u> </u>
<u> Mailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>		
	·		
. If amending the registered agent and	Var ragistared office address	s on our monords onton	the name of the
egistered agent and/or the new registered of	office address here:	on our records, enter	the name of the
Name of New Registered Agent:			
New Registered Office Address:	2855 Gulf to Bay Blvd. Apt 4	108	
	Enter	Florida street address	
	Clearwater	, Florida ³³⁷	759
	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or emoved from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
		The control of the co	□ Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
		<u> </u>	☐ Change
			Add
			□ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
		Mary Company	□ Remove
			□ Change

				ı, •
				•
		<u>_</u>		
		· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	·			
			. test	
		,	16 SEL ALL	
				· · **
			77.	
			<u> </u>	er allegan
			NID;	
ective date, if other than th		(optio		
	ust be specific and cannot be prior to date block does not meet the applicable s			
	Department of State's records.			
		-ff-attive time at 40.04		
he 90th day after the re	ed effective date, but not an cord is filed.	enective time, at 12:01 a	iiii. On the eathe	21 01
ed	2016			
$\overline{\Omega}$	2.10			
- 40 F	Signature of a mambar on outborized	ronrocontativo of a mombar		
Ashley Price	Signature of a member or authorized	representative of a member		

Page 3 of 3

Filing Fee: \$25.00