

# L15000054506

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

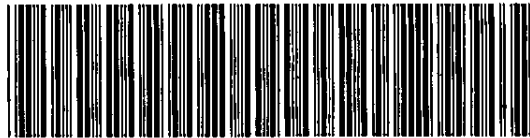
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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L15-54506

02/22/16--01015--005 \*\*25.00

NC Amend

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16 FEB 22 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 23 2016

N. CAUSSEAU

February 16, 2016

To Whom It may Concern:

Attached are the forms and payment required to amend the Articles of Organization of Chasin' Tail Holdings, LLC.

Company Name:  
Chasin' Tail Holdings, LLC

Owner:  
Ashley Crouch

Contact Information:  
727-290-7879

Return Address:  
4832 Oakfield Circle, Dade City, FL 33523

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Chasin' Tail Holdings

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:

Ashley E. Crouch

Name of Person

Chasin' Tail

Firm/Company

4832 Oakfield Circle

Address

Dade City FL 33523

City/State and Zip Code

chasintailapparel@gmail.com

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

For further information concerning this matter, please call:

Ashley Crouch

Name of Person

at ( 727 ) 290-7879

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

Chasin' Tail Holdings, LLC

Chasin' Tail, LLC

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)


(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated February 16, 2016.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Ashley E. Crouch  
\_\_\_\_\_  
Typed or printed name of signee