

SEP-01-2017 FRI 10:55 AM

Division of Corporations

L15000130227

P.001

Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000236637 3)))



H170002366373ASC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP
Account Number : 075350000132
Phone : (305) 374-7580
Fax Number : (305) 251-2122

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CHAMBERS 30205, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$60.00

FILED
17 SEP -1 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VPRIMO
43631

S. WARREN

SEP 05 2017

Electronic Filing Menu

Corporate Filing Menu

Help

H17000236637 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHAMBERS 30205, 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 07/31/2015 and assigned
Florida document number L15000130227.

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

196 MORGAN MILL ROAD

BROOKS, GA 30205

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

196 MORGAN MILL ROAD

BROOKS, GA 30205

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

FILED
17 SEP - 1
AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H17000236637 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>
MGR	RICHARD F. CHAMBERS	3203 BAY ESTATE CIRCLE	<input type="checkbox"/> Add
		MIRAMAR BEACH, FL 33550	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KIMBERLY M. CHAMBERS	196 MORGAN MILL ROAD	<input checked="" type="checkbox"/> Add
		BROOKS, GA 30205	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 17 SEP 1 AM 9:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

H17000236637 3

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)
(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.

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

Dated August 23 2017

Kimberly M. Chambers
Signature of a member or authorized representative of a member

Kimberly M. Chambers
Typed or printed name of signer

Page 3 of 3
Filing Fee: \$25.00

FILED
17 SEP -1 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA