8/30/2016



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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **CHASE PROPERTIES & DESIGN LLC**

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## **COVER LETTER**

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SUDERATE.	CHASE PRO	OPERTIES & DESIGN LI	LC			
SUBJECT:	N O A - A - A - A - A - A - A - A - A - A					
The enclosed	d Articles of Ar	nendment and fee(s) are sub-	nitted for filing.			
Please return	ı all correspond	ence concerning this matter	to the following:			
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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 Tatlahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHASE PROPERTIES & DESIGN LLC				
(Name of the Limited Liability Co	mpany as it now appears ted Liability Company)	gn aur records.)	<del></del>	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L16000077772</u>	any were filed on <u>04/</u>	20/2016	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company her	<u>ē</u> :		
The new name must be distinguishable and end with the words "Limited	Liability Company," the d	esignation "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable:			<b>主</b> 产绍	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		- P. S.	
			5 55	
			<u> </u>	
Enter new mailing address, if applicable:			<b>T</b>	
(Malling address MAY BE A POST OFFICE BOX)			9 0	
	<del></del>		F, 30	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address  Name of New Registered Agent:	d office address on here:	our records, enter the	name of the new	
New Registered Office Address:	Enter Florie	la street address		
	<del></del>			
<del></del>	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Ag	e <u>nt:</u>			
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	agree to act in this co lete performunce of r as provided for in Ci	ny duties, and I am fam hapter 605, F.S. Or, if t	iliar with and his document is	
If	Changing Registered Age	nt, Signature of New Registo	red Agent	
Pa	ge 1 of 3			

MGR = Manager

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:

AMBR = Authorized Member Address Type of Action Title. Name **AMBR** John C. Rutherford 6900 Daniels Prky, Ste. 29-127 ☑ Add Fort Myers, FL 33912 \_\_ □ Remove \_\_\_\_\_ Add ☐ Remove \_□ Remove □ Add ☐ Remove \_□ Add □ Remove □ Add □ Remove

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