

L16000179088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

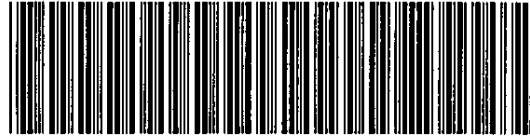
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 SEP 30 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

OCT - 3 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHASE-SIX, 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:

Jeffrey R. Ludwig

Name of Person

Ludwig & Associates, P.A.

Firm/Company

5150 Belfort Road South, Building 500

Address

Jacksonville, Florida 32256

City/State and Zip Code

jludwig@ludwiglaw.net

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

For further information concerning this matter, please call:

Mark Hulsey IV

904

281-0145

at (_____) _____

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

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2016 SEP 30 PM 3:21
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA
and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Orange Park, FL 32065

Zip Code

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>
MGR	Kathryn Hunt	1405 Scenic Oaks Drive	<input checked="" type="checkbox"/> Add
		Orange Park, FL 32065	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Katheryn Hunt	1405 Scenic Oaks Drive	<input type="checkbox"/> Add
		Orange Park, FL 32065	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2016 SEP 30 PM 3:01
STATE OF FLORIDA
TALLAHASSEE

2016 SEP 30 PM 5:01
SOUTHERN FLORIDA
FALL HARBOR, FLORIDA

2016 SEP 30 PM 3:21
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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(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)

Dated September 29, 2016

Signature of a member or authorized representative of a member

Jeffrey R. Ludwig

Typed or printed name of signee