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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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|---------------------------------------|---------------|---|---|--|
| SUBJECT: | CHASE-SIZ | X, LLC | | |
| SOBJECT. | | Name of Lim | ited Liability Company | |
| The enclosed | l Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspo | ndence 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 3225 | 6 | |
| | | jludwig@ludwiglaw.net | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report notif | ication) |
| For further in | nformation co | oncerning this matter, please ca | all: | |
| Mark Hulsey | ' IV | | 904 281-0145 at () | |
| | Name of | F Person | | Telephone Number |
| Enclosed is a | check for th | e following amount: | | |
| ■ \$25.00 F | 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 Tallahassee, 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**

2016 SEP 30 PM 3:2

CHASE-SIX, LLC

| ompany as it now appears on our record nited Liability Company) | IS.) CARASSEE, FIGURE |
|--|---|
| pany were filed on September 26, 20 | and assigned |
| | |
| liability company here: | |
| Liability Company," the designation "LLC | " or the abbreviation "L.L.C." |
| | |
| | |
| 1405 Scenic Oaks Drive | |
| Orange Park, FL 32065 | |
| d office address on our records here: | s, enter the name of the r |
| | |
| Enter Florida street addres | s |
| | |
| | and da |
| , FII | orida Zip Code |
| | liability company here: Liability Company," the designation "LLC S) 1405 Scenic Oaks Drive Orange Park, FL 32065 ed office address on our records here: |

eby 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 removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|---------------|------------------------|----------------|
| MGR | Kathryn Hunt | 1405 Scenic Oaks Drive | ≅ Add |
| | | Orange Park, FL 32065 | □ Remove |
| | | | ☐ Change |
| MGR | Katheryn Hunt | 1405 Scenic Oaks Drive | |
| | | Orange Park, FL 32065 | ■ Remove |
| | | | Change |
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| | (optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.020 cable statutory filing requirements, this date will not be listed as s. |
| e record specifies a delayed effective date, but no The 90th day after the record is filed. | ot an effective time, at 12:01 a.m. on the earlier o |
| September 29 2016 | |
| itea,, | |
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| ated Signature of a member or auth | norized representative of a member |

Page 3 of 3

Filing Fee: \$25.00