## 46000210886

(Re	questor's Name)	·
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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## COVER LETTER

	istration Se sion of Cor								
· SUBJECT: _	Chaos M	Monkeys LLC							
		Name of Limi	ted Liability Company						
The enclosed	Articles of	Amendment and fee(s) are subt	mitted for filing.						
Please return	all correspo	ndence concerning this matter	to the following:						
		Richard J. McIntyre							
			Name of Person						
		McIntyre Thanaside	es						
			Firm/Company	<del></del>					
		500 East Kennedy	500 East Kennedy Blvd. Suite 200						
			Address						
		Tampa FL 33602							
		City/State and Zip Code  Rich@mcintyrefirm.com							
		E-mail address: (	to be used for future annual report notifi	eation)					
For further in	iformation c	oncerning this matter, please ca	ill:						
Richard Mo	cIntyre		at ( <u>813</u> ) <u>785.90</u>	73					
	Name o	f Person	Area Code — Daytime	Telephone Number					
Enclosed is a	check for th	ne following amount:							
□ \$25.00 Fi	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:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle

Registration Section

Tallahassee, FL 32301

STREET/COURIER ADDRESS:

## 'ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Chaos Manker	15 LLC		
(Name of the Limited Liability C		ars on our records.)	<del></del>
The Articles of Organization for this Limited Liability Com Florida document numberL16000210886	npany were filed on _	11/17/2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited  Matthews McIntyre LLC  The new name must be distinguishable and contain the words "Limited			the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRES)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			2015 JUL
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		on our records, <u>c</u>	enter the name of the new
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter F	lorida street address	
	City	Floric	laZip Code
	CH)		C-4/ 1 L-1 (1.4)

## New Registered Agent's Signature, if changing Registered Agent:

11

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

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>	Address	Type of Action
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			Remove
			□ Change
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	Si	gnature of a	member or at	ithorized repr	resentative of	a member			

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Filing Fee: \$25.00