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## **COVER LETTER**

Div	ision of Corpo	rations				
SUBJECT:	CHEBS SOL	UTIONS LLC				
Name of Limited Liability Company						
The enclosed	l Articles of Ar	mendment and fee(s) are subm	nitted for filing.			
Please return	all correspond	lence concerning this matter to	o the following:			
		Michael Poole				
			Name of Person			
	<del></del>					
			Address		_	
		Lutz, Florida, 33617				
		m.poole55@gmail.com	City/State and Zip Code		_	
		E-mail address: (to	be used for future annual rep	port notification)	-	
For further in	nformation con	cerning this matter, please cal	1:			
Michael			310 4254 at ()			
	Name of P	erson	Area Code	Daytime Telephone Numb	per	
Enclosed is a	check for the	following amount:				
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certifi (sed) Certifi	Filing Fee, cate of Status & ed Copy hal copy is enclosed)	

MAILING ADDRESS:

TO:

**Registration Section** 

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

npany as it now appears on our records.) ed Liability Company)	
any were filed on 12/14/2016	and assigned
iability company here:	
ability Company," the designation "LLC" or	the abbreviation "L.L.C."
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office address on our records, e	nter the name of the new
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Enton Florida street address	
Enter Florida street adaress	
, Florid	Zin Code
	iability company here: iability Company," the designation "LLC" or  office address on our records, enere:  Enter Florida street address , Florida

## 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michael Poole	1921 Tinker dr	■ Add
		Lutz,	□ Remove
		Florida, 33617	☐ Change
			□ Add
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			Add
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If amending any other informa	*	3- \ <del>-</del> /	,		V 3 2 3 2 3 3 4 1	V 7		
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blocument's effective date on the Do	t be specific and cannock does not meet	the applicabl	date of filing or e statutory fili	more than 90 da ng requiremen	(optional lys after filing lits, this date	3.) Pursua	ni o 60:	5.0207 ted as
e record specifies a delayed The 90th day after the rec	effective date ord is filed.	, but not a	n effective	time, at 12	2:01 a.m.	on the	e earli	er of
December 20	20	016	•					
GIZ.	era							
	Signature of a member	per or authoriz	ed representativ	e of a member				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00