

L17 000 042 446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

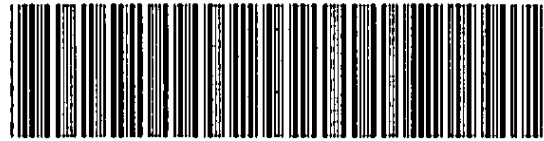
(Business Entity Name)

(Document Number)

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01/03/23--01008--019 **25.00

2023 JUN -3 PM 9:34

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Chautauqua, 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:

Cassie Long

Name of Person

South Walton Law, P.A.

Firm/Company

36468 Emerald Coast Parkway, Unit 6101

Address

Destin, FL 32541

City/State and Zip Code

cassie@southwaltonlaw.com

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

For further information concerning this matter, please call:

Cassie Long

850 837-0155
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

The Chautauqua, LLC

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

The Articles of Organization for this Limited Liability Company were filed on February 27, 2017 and assigned
Florida document number L17000042446.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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

Enter new principal offices address, if applicable:

20577 Eastern Hills Drive

(Principal office address MUST BE A STREET ADDRESS)

Flint, TX 75762

Enter new mailing address, if applicable:

20577 Eastern Hills Drive

(Mailing address MAY BE A POST OFFICE BOX)

Flint, TX 75762

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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, 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>
AMBR	Stephen R. Lowe	3231 Basil Court	<input type="checkbox"/> Add
		Dallas, TX 75204	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	* (see paragraph D.)	3231 Basil Court	<input checked="" type="checkbox"/> Add
		Dallas, TX 75204	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	A D. Lowe	1004 Rochelle Avenue	<input type="checkbox"/> Add
		Thompsons Station, TN 37179	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	** (see Paragraph D.)	1004 Rochelle Avenue	<input checked="" type="checkbox"/> Add
		Thompsons Station, TN 37179	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

* Stephen R. Lowe and Jacqueline B. Lowe, as Trustees of the Stephen R. Lowe and Jacqueline B. Lowe

Family Trust dated August 26, 2022

**Andrew Duncan Lowe, Sr., and Darla Duffey Lowe, as Trustees of the Lowe Living Trust dated September 28,

2022, and any amendments thereto

2022 JUN -3
11:41:33

E. Effective date, if other than the date of filing: _____ **(optional)**

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 12/8/2022

DocuSigned by:

Stephen R. Lowe

73F60FD7A270453

Signature of a member or authorized representative of a member

Stephen R. Lowe, Authorized Member

Typed or printed name of signee