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(Re	questor's Name)	
(Ad	idress)	<u></u>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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NOV 0 7 2019 S. YOUNG

COVER LETTER

то:	Registration of					
SUBJE	ст:(CHEST	A PEACE HOLD, Name of Limi	MS ORLAND ited Liability Company	o, LL(
The enc	losed Article	es of Ame	ndment and fee(s) are sub-	mitted for filing.		
Please r	eturn all cori	responder	nce concerning this matter	to the following:		
		-	D.4 V.I	Name of Person	R	
		-		Firm/Company		
		-	86/338 N.	HAMPON (A	LUB WAY	
		-	FERNANDINA DEWALKER	City/State and Zip Code	32034	
For furt	her informat	ion conce	E-mail address: (t rning this matter, please ca		l report notification	on)
_D/	AVED in	JALILE, ame of Per	2	at (<u>40.7)</u> Area Code	590 – 4/ Daytime Tele	P35 phone Number
Enclose	d is a check	for the fo	llowing amount:			
k \$25	.00 Filing Fc	ee E	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		☐ \$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

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

(Name of the Limited	HOLD, NG	S ORLANDO,	LLC	<u></u>	ß
(<u>Name of the L'imited</u> (A	<u>Liability Compa</u> Florida Limited L	ny as it now appears on o liability Company)	<u>ur records.</u>)		5
The Articles of Organization for this Limited Liab	oility Company	were filed on $3/a$	9/2017	and assi	gned
Florida document number <u>L170000543</u>	<u> 14</u> .				
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of t	he limited liabi	lity company here:			
CHESAPEAKE CONSULTING The new name must be distinguishable and contain the work	G SERVI ds "Limited Liabil	CES, LLC ity Company," the designa	tion "LLC" or the abb	oreviation "L.I	
Enter new principal offices address, if applicab	ole:	86/338	N. HAMPT	ON (LJ)	3 WA
(Principal office address MUST BE A STREET	ADDRESS)	FORNAMDINA	BEACH, FL	3203	4
					
Enter new mailing address, if applicable:		SAME	AS ABOVE		
(Mailing address MAY BE A POST OFFICE BO	<u>9X)</u>				<u>. </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	Ma *		records, enter t	the name <u>(</u>	of the nev
Name of New Registered Agent:	<u> </u>	CHANGE			
New Registered Office Address:	861338	N. HAMPTON Enter Florida str	CLUB WAY		
	FERNAND	INA BEACH	, Florida	32034 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>	Name	Address	Type of Action
PRESIDENT	DAUTD E WALKER	861338 N. HAMPON CLIBWAY	Add
		FERNAND, NA BIFHH, FI 32034	Remove
			🗆 Change
			□ Add
			☐ Remove
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Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00