17000066140

(Requestor's Name)	
(Address)	900297358
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	04/05/17010180
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	ALTE CONT.
	APR 0 6 2017 S. YOUNG

Office Use Only

8509

008 **25.00

COVER LETTER

TO: Registration Se Division of Cor	ection Porations			
SUBJECT:	Chappy Aeves Name of Lim	Name of Person Chappy Acres Ranch LLC Firm/Company 426 Cedar Creek Rd. Address Palatka FL. 32177 City/State and Zip Code Chappy X inc @ q mail.com. E-mail address (to be used for future annual report notification) s matter, please call: hopman at (352) 266-5182 Area Code Daytime Telephone Number		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	James	Robort Charman		
	Chappy	Aeres Ranch Ll Firm/Company	<u>c</u>	
	426 C		<u>2</u>	SECRETARY OF THE PROPERTY OF T
	Palatko	City/State and Zip Code		PR-5 PM
	E-mail address: (ication)	3: OB
For further information c	oncerning this matter, please ca	all:		
James Rob Name o	ext Chapman f Person	at (352) 266 Area Code Daytime	5-5182 Telephone Number	-
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is	tatus &

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

Chappy A	Acres R	ANCH LL	C		
(Name of the Limited) (A	Liability Company Florida Limited Lia	as it now appears on bility Company)	our records.)		
The Articles of Organization for this Limited Liabi	6140	ere filed on 3	23/17	and assigne	:d
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	<u>e limited liabili</u>	ty company here:			
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	le:	Company," the design	ation "LLC" or the at	obreviation "L.L.C."	
Enter new mailing address, if applicable:				17 APR	E STATE
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			<u> </u>	HOC.
B. If amending the registered agent and/or registered agent and/or the new registered office	registered offi e address here:	ce address on ou	r records, enter	ယ္	BE TEV
Name of New Registered Agent:	James,	Robert Che Sunshine	yman		
New Registered Office Address:	150 4	Surshine	Dr.		
-	Palat	Enter Florida s - kq City	treet address, Florida	32177 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.

M 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
CEO. MAR	James Robert Chapman	150 Sunshine Dr. Palatka Fe- 32177	K Add
71,000			Remove
			Change
4			
			Remove
			Change RETAR
			R HASSE
			a mag
			Remove OF
	· · · · · · · · · · · · · · · · · · ·		
			□ Remove
			Change
			Add
			□ Remove
			□ Change
	·		🖸 Add
			🗆 Remove
			Change

					· . · · · · · · · · · · · · · · · · · ·		
			,		······	<u></u>	

					.		
		·····	 				
			······································				······································
· · · · · · · · · · · · · · · · · · ·					***		
	 				 .		
						· · · · · · · · · · · · · · · · · · ·	
	Manabata						平 子
		·	 				APR-5
							- 3 2
***************************************	dindrad	· · · · · · · · · · · · · · · · · · ·	****				3:01
							<u> </u>
							
ective date, if o	ther than the date sted, the date must be s	of filing:	. 1	CC1	(opti	ional)	-4 4- 605 DOO
te: If the date in	serted in this block of	loes not meet th	ne applicable st				
ument s effective	e date on the Depart	ment of State's	records.				
	es a delayed eff		but not an	effective tin	ne, at 12:01	a.m. on the	earlier c
he 90th day a	ifter the record	is filed.					
ted Apr	:/3	7	2017				
	$\Delta = \Delta =$	7/1		Ω	elal Ch a meghber a J. C	4.0 04.4	E-11.
<u> </u>							, , ,

Page 3 of 3

Filing Fee: \$25.00