# L/7000/33335

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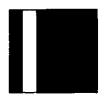
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## Chancellor Consulting, LLC

3124 Coventry East · Safety Harbor, FL 34695 813 · 326 · 7648 <u>traeandjayme@gmail.com</u>



August 21, 2017

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

Dear Florida Department of State,

Please find attached Articles of Amendment to Articles of Organization of Chancellor Consulting, LLC, EIN 82-1919013. The purpose of this amendment is to add Trae Chancellor as a 50% managing member.

Sincerely,

Chancellor Consulting, LLC

### **COVER LETTER**

Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jayme Manellur Name of Person
Chancellor Consulting, LC
3124 COVENTY East
Sabety Harbor FL 34695  City/State and Zip Code  + a e and a game @ gmail.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jayme Chancello at (813) 324-7648  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S25.00 Filin

#### MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft, 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 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 $\frac{62317}{82-1919013}$ and assigned Florida document number $\frac{82-1919013}{2}$ .
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 "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)   B. If amending the registered agent and/or registered office address on our records, enter the name of the ne 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

If Changing Registered Agent, Signature of New Registered Agend

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Trae Chancellor	3124 Coventry East	
		3124 Coventry East Safety Harbor, FL 346	95 □ Remove
			Change
			Add
	•		□ Remove
			Change
		::::	Add
			□ Remove
		<u> </u>	Change
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			Remove
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			Add.
			Remove
			☐ Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		<del></del>
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		<u>-</u>
(If an effec Note: If	re date, if other than the date of filing:	o 605.0207 (3 e listed as th
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	arlier of:
Dated _	August 21 . 2017.	
	Signature of a member or authorized representative of a member	<b>17</b>
		<u>₹</u>
	Typed or printed name of signee	3 =
		₹ 0
	Page 3 of 3	<del>.</del> 3
	Filing Fee: \$25.00	ň

Filing Fee: \$25.00