

L17000139754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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18 FEB 14 PM 3:39
FEB 14 2018
FEB 14 2018

PARKER FINANCIAL SERVICES
883A 22ND STREET SOUTH
SAINT PETERSBURG, FL 33712
PHONE 727-321-7919 FAX 727-327-4025

RECEIVED
FEB 14 2018

To: Octavia Simmons From: Dejon Walton

Fax: 850 245 6030 Pages: 5

Phone: 727.321.7919 Date: 2/13/2018

Re: _____
cc: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHUCK G ENTERTAINMENT 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:

DELON WALTON

Name of Person

CHUCK G ENTERTAINMENT LLC

Firm/Company

833 22ND STREET SOUTH

Address

ST PETERSBURG, FLORIDA 33712

City/State and Zip Code

PRECISIONLANDSCAPINGHAULING@GMAIL.COM

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

For further information concerning this matter, please call:

DELON WALTON

813 365-9046
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
18 FEB 14 PM 3:39

Name of the Limited Liability Company (If not same as on our records)
(A Florida Limited Liability Company)
and assigned

05/27/2017

The Articles of Organization for this Limited Liability Company were filed on
LI7000139754

Provide document number _____
The amendment is submitted to amend the following:

This amendment is submitted to amend the name of the Limited Liability Company, the designation "LLC" or the abbreviation "LLC".

A. If amending name, enter the new name of the Limited Liability Company, the designation "LLC" or the abbreviation "LLC".

CHUCK G & TONY RALPHO ENTERPRISEMENT LLC

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

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

833 22ND STREET SOUTH
ST PETERSBURG, FLORIDA 33712

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

Enter new mailing address, if applicable:

B. If amending the registered agent and/or registered office address here:

Name of New Registered Agent:

New Registered Office Address:

DEION WALTON
4124 COQUINA WINDS WAY
GREENACRES, FLORIDA 33463
City State 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.

Signature of New Registered Agent

05/27/2017

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>
P	CHARLES E GRIMES	4124 COQUINA WINDS WAY	<input type="checkbox"/> Add
		GREENACRES, FLORIDA 33463	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
V	JAMES TONY RAIFORD	10702 N 14TH STREET	<input type="checkbox"/> Add
		TAMPA, FLORIDA 33612	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
TR	DELON WALTON	4888 21ST AVENUE N #6	<input checked="" type="checkbox"/> Add
		ST PETERSBURG, FLORIDA 337	<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

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

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 JANUARY, 31 2018

Signature of a member or authorized representative of a member

DELON WALTON

Typed or printed name of signee