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### **COVER LETTER**

#### TO: Registration Section Division of Corporations

SUBJECT: <u>Chapel Branch LLL</u> Name of Limited Liability Company (Chaple Branch LLC)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

at (<u>850)</u> <u>381-1265</u> Area Code Daytime Telephone Number Cushman

Enclosed is a check for the following amount:

S25.00 Filing Fee

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

ARTICLES OF T ARTICLES OF C O	O DRGANIZATION
<u>(Name of the Limited Liability Compa</u>	iny as it now appears on our records.)
(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\underline{L} \otimes \otimes \otimes \otimes 41753$ .	were filed on <u>Feb. 15, 2018</u> and assigned
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liab</u> <u>Chapel Branch</u> The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable:	- 1681 Buddy Pite - T
(Principal office address MUST BE A STREET ADDRESS)	Chipley, FL 32438
Enter new mailing address, if applicable:	1681 Buddy Rd
(Mailing address MAY BE A POST OFFICE BOX)	Chipley, FE 32428

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

Name of New Registered Agent:	<u>Alan Cushr</u>	nan
New Registered Office Address:		street address
	Chipley	, Florida <u>32428</u> 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, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

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#### MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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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: <u>5/22/2020</u> (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) <u>Note:</u> 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 July 6. 2020.	
Ala Cucha-	
Signature of a member or authorized representative of a member	
Alan Cushman	
Typed or printed name of signee	