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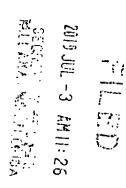
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COVER LETTER

Division of Corporations
SUBJECT: CHATMAN EMPOWERMENT ENTERPRISE 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:
LEONARO CHATMAN JA. Name of Person
CHATMAN EMPONENTE ESTERPRISE, LLC Firm/Company
11203 CAMPFIELD CIA
JACKSONVILLE, FL 3225L City/State and Zip Code
ANTHOR D LEONARD CHATTON & JR. DRC E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LEONARD CHATMAN JA: at (934) 422-2101 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Sectificate of Status Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

CHATMAN EMPOWERMEN	T FATERPRISE LLC	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 18000099184	were filed on 12 21 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	11203 CAMPFIELD	CINCLE
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL	32256
Enter pay mailing address if applicables		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		*Lo 23
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new
		录 一
Name of New Registered Agent:		
New Registered Office Address:		26
	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 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>	<u>Name</u>	Address Type of Actio
CEO	LEONARD CHATMAN	11203 CAMPFIELD GRCLE WAD
		JACKSONVILLE, FL 32256 Remove
		Change
EVP	MONIQUE CHATMAN	11203 CAMPFIELD CIRCLE DANG
	JACKSONVILLE, FL 32256 Remove	
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