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COVER LETTER

	Registration Sec Division of Corp		, t	•		
CHIP IE		ASSOCIATES LLC				
SUBJEC	.1;	Name of Limited Liability Company				
The encl	osed Articles of A	Amendment and fee(s) are subr	nitted for filing.			
Please re	turn all correspor	ndence concerning this matter t	to the following:			
		Jay W. Livingston, Esq.				
			Name of Person			
		Livingston & Sword, P.A.				
			Firm/Company			
393 Palm Coast Parkway SW #1						
			Address			
		Palm Coast, Florida 32137				
		jay.livingston314@gmail.co	City/State and Zip Code			
		E-mail address: (to be used for future annual report notific	cation)		
For furth	her information co	oncerning this matter, please ca	all:			
Jay W. l	Livingston, Esq.		386 439-2945 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclose	d is a check for th	ne 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

(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	e filed on 01/16/2019 and assigned			
lorida document number L19000017987				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability	company here:			
HAMMOCK LUXURY HOMES LLC				
The new name must be distinguishable and contain the words "Limited Liability C				
Enter new principal offices address, if applicable:	<u> </u>			
(Principal office address MUST BE A STREET ADDRESS)				
	1000年			
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)	10 PM 09			
_				
B. If amending the registered agent and/or registered office	address on our records enter the name of the			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	addices on our records, the sense of the			
Name of New Registered Agent:				
Name Promissioned Office Address:				
New Registered Office Address:	Enter Florida street address			
	, Florida			
	City Zin 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 = M $AMBR = A$	anager uthorized Member		
Title	Name	Address	Type of Action
			□ Remove
			Change
			Add
			□ Remove
			Change
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			- Remove
			<u>√</u>
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			Remove
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☐ Change

	
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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing	ng or more than 90 days after filing.) Pursuant to 605.026
fe: If the date inserted in this block does not meet the applicable statutor current's effective date on the Department of State's records.	y ming requirements, this date with not be inseed a
record specifies a delayed effective date, but not an effective 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier
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ted $3/29$, $\frac{2019}{}$.	
X Signature of a member or authorized represe	
XC) in a Bound	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00