

L200000 24207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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6663-

6200-2575-



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02/03/20--01014--007 **25.00

2020 APR 13 AM 9:46

C. GOLDEN

APR 17 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOSHUA CHASTAIN 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:

JOSHUA CHASTAIN
Name of Person

JOSHUA CHASTAIN LLC
Firm/Company

1263 WINDWARD DR.
Address

OSPREY FL. 34229
City/State and Zip Code

PLUMBERCHASTAIN1@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSHUA CHASTAIN
Name of Person

at (818) 599-7976
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)
- CALLER OPERATOR AND SHE SAID NO EXTRA FEE WAS REQUIRED.

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



2020 APR 13 PM 1:00

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2020

JOSHUA CHASTAIN
1263 WINDWARD AVENUE
OSPREY, FL 34229

SUBJECT: JOSHUA CHASTAIN LLC
Ref. Number: L20000024207

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

The name of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 020A00005581



2020 MAR 12 11:11:20

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2020

JOSHUA CHASTAIN
1263 WINDWARD DRIVE
OSPREY, FL 34229

SUBJECT: JOSHUA CHASTAIN LLC
Ref. Number: L20000024207

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 920A00004588

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2020 JAN 13 AM 9:46

JOSHUA CHASTAIN LLC

(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 JAN. 16, 2020 and assigned Florida document number L20000024207.

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 "LLC" 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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JOSHUA CHASTAIN

New Registered Office Address:

1263 WINDWARD DR.

Enter Florida street address

OSPREY

City

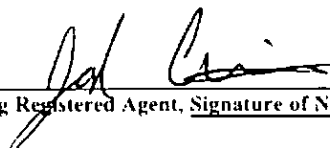
Florida

34229

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>JOSHUA CHASTAIN</u>	<u>1263 WINDWARD DR.</u>	<input checked="" type="checkbox"/> Add
		<u>OSPREY, FL. 34229</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>JOSHUA CHASTAIN</u>	<u>1263 WINDWARD DR.</u>	<input checked="" type="checkbox"/> Add
		<u>OSPREY, FL. 34229</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

(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)

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.


Signature of a member or authorized representative of a member

JOSH CHASTAIN
Typed or printed name of signee

Filing Fee: \$25.00