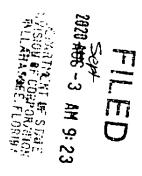
L20000176714

(Re	questor's Name)	
(Ád	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SEP 0 8 2020 S. YOUNG



August 20, 2020

STEPHEN CHASE 11601 4TH STREET N APT 3103 SAINT PETERSBURG, FL 33716

SUBJECT: STEPHEN CHASE ENTERPRISES LLC

Ref. Number: L20000176714

We have received your document for STEPHEN CHASE ENTERPRISES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

S & D ENTERPRISES, INC - P01000110179

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.

Shelia H Young Regulatory Specialist II

Letter Number: 320A00015945

COVER LETTER

Tallahassee, FL 32314

	ration Section on of Corporations			<i>i</i>	
SUBJECT:	STEPHEN	CHASE	ENTERPRISES	UC	مو
			ited Liability Company		
The enclosed A	rticles of Amendment	and fee(s) are sub	mitted for filing		
	correspondence conc				
		Q-i-	Ditc. 1 ALAS	T.	
		<u> </u>	PHEN CHAS Name of Person	*	.
			Firm/Company		
	1160	your ST	N APT Address	3103	
			Address		
	SAINT	PETERSBU	City/State and Zip Code	3716	
			City/State and Zip Code		
	\$1		AASE 7 @ GM to be used for future annua		
For further infor	mation concerning th			терят пописанся	,
STEPHE	N CHASE		at (347_)_	U16 - 3717	3
	Name of Person		Area Code	Daytime Telep	hone Number
Enclosed is a ch	eck for the following	amount:			
№ \$ 25.00 Filin		Filing Fee & Teate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)
	Address:		Street A		
-	ration Section			ration Section	
	on of Corporation	;		on of Corporati	
P.U. E	30x 6327		The Ce	entre of Tallaha	1996

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1

	OF SECTION SEC
(Name of the Limited Lia	, a part 1
This amendment is submitted to amend the following	:
A. If amending name, enter the new name of the l	imited liability company here:
The new name must be distinguishable and contain the words "I	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 AD	DRESS) 11601 4th St N. Apt 3103 St Retersburg FL 33716
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registe agent and/or the new registered office address her	red office address on our records, <u>enter the name of the new registered</u> e:
Name of New Registered Agent:	
New Registered Office Address:	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 Action
AMBR	STEPHENI CHASE	11601 4th St. N. Apt 3103	iXAdd
		St Petersburg, FL, 33716	□Remove
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	· - 	· -	Hadd
			. lRemove
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effective date is lister. If the date instant	serted in this block	e specific and canno c does not meet th	ne applicable sta		(optional) 90 days after filing.) Pu ements, this date wil	
ument s effectiv	e date on the Depa	aunem of State s	records.			
	ies a delayed e after the record		but not an e	ffective time, a	t 12:01 a.m. on	the earlier
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ea <u>July</u>		Ale Company	slest-			