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2021 JAN 11 PH 5: 04

2/17/21

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Chalmers 3 McCaa Empire UC 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:
Bernard B Chalmers Jr
Chalmers 3 McCau Empire UC.
3602 23° St SW Address
Chigh Acres FL 33976 City/State and Zip Code Compine UC anail com E-mail address: (to be used for inture annual report notification)
For further information concerning this matter, please call:
Bernard B. Chalmers at (239) 309 - 4518 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11

(Name of the Limited Liability Comp	typice any as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Company	v were filed on <u>& (</u>	21 2050	and assigned
Florida document number <u>L26000 25953</u> U			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the design	nation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	PAR	. 447/.	l JA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1.0.000	Muers Fl	33918
(Maning unaress MAT BE A FOST OFFICE BOX)	<u> </u>	ingers inc	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	rds, enter the name	of the new registered
ingent interest the first teachers and the first teachers are the first teachers and the first teachers are the first teachers and the first teachers are the fi			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida :	street address	
	City	Florida	Zin Code
New Registered Agent's Signature, if changing Registered Agent:	·		гур хош
Thereby accept the appointment as registered agent and agr		acity. I further agre	c to comply with the
provisions of all statutes relative to the proper and complete			

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 or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Frantzson I. Merisia	er 960 Jasmine St	🗆 Add
		N. Fort Myers FL, 330	103 FRemove
			□Change
MGR	Richard K. Harris	516 E Slaughter UN #2	
		Austin Tx 78740	[⊻ Remove
			□ Change
			2 <u>8</u> □ Add
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ffective date, if other than the an effective date is listed, the date musiote: If the date inserted in this blocument's effective date on the D	ock does not meet	the applicable s	e of filing or more that tatutory filing rec	(option han 90 days after fil quirements, this d	al) ing.) Pursuant to (ate will not be l	505.020' isted as
record specifies a delayed effectiv Lis filed.	e date, but not an	effective time, a	t 12:01 a.m. on th	ne earlier of: (b)	The 90th day a	fter the
ated 1/8/2021	· -	<u> </u>	1 -			
B	Signature of a men	ber or authorized	representative of a	member		

Filing Fee: \$25.00