

L21000203304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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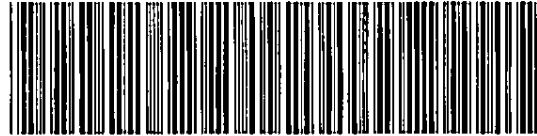
(Business Entity Name)

(Document Number)

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IN

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: CHASE MONEY SOLUTIONS 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:

DERRICK BENJAMIN HAULCOMBE JR.

Name of Person

CHASE MONEY SOLUTIONS

Firm/Company

2405 QUEENSWOOD CIRCLE

Address

ISSIMMEE, FL 34743

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DERRICK B. HAULCOMBE JR.

407 777-4555
at ()
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)

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**

(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 MAY 3, 2021 and assigned
Florida document number L21000203304

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:

2405 QUEENSWOOD CIR

(Principal office address MUST BE A STREET ADDRESS)

KISSIMMEE FL, 34743

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: (1)

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>	<u>Address</u>	<u>Type of Action</u>
AP	THOMAS MUNOZ	7157 NARCOOSSEE ROAD	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		ORLANDO FL 32822	<input type="checkbox"/> Change
AP	DERRICK B. HAULCOMBE JR	7157 NARCOOSSEE ROAD	<input checked="" type="checkbox"/> Add
		1020	<input type="checkbox"/> Remove
		ORLANDO FL 32822	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

11/11/24

7.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated JUNE 16, 2021

Derrick B. Faulcombe, Jr.
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

DERRICK B HAULCOMBE JR

Typed or printed name of signee

Filing Fee: \$25.00