P96000011420

(Re	equestor's Name)	
(Ad	ldress)	
(
(Ad	dress)	
(Cit	ty/State/Zip/Phone) #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corpor	ations			発見	
NAME OF CORPORA	ATION: GARDEN F	RIVER CIRCLE	CORP.	1936 1966 1966	
DOCUMENT NUMBI	_{ER:} P9600001142	0		— To S	
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.		RIDA	
Please return all corresp	ondence concerning this ma	tter to the following:			
(CHERYL SG RU	SH			
		Name of Contact Persor	1		
(CHANTILLY COF	RPORATION			
		Firm/ Company			
;	3668 161st TER	N			
_		Address			
!	LOXAHATCHEE	GROVES, FL 3	3470-3819		
_		City/ State and Zip Cod	e		
CHE	ERYLRUSH@CH	IANTILLYESTA	TE.COM		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
CHERYL SG	RUSH	at (<u></u> 561	, 714-0522		
Name of	Contact Person	. Area Co	de & Daytime Telephone	Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	ng Address		Address		
Amendment Section Amendment Section					
Division of Corporations Division of Corporations					

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of	SE TO SE TO
GARDEN RIVER CIRCLE CORP.	TT TO
(Name of Corporation as currently filed with the Florida Dept. of State)	SSA G
P96000011420	To E O
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corpora</i> its Articles of Incorporation:	tion adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
CHANTILLY CORPORATION	The new
word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the new registered agent and/or the new registered office address: Name of New Registered Agent	he name of the
	
(Florida street address)	
	lorida
(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

		•								
If amending the Officer address of each Officer (Attach additional sheets, Please note the officer/did P = President; V = Vice Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones lead Mike Jones, V as Remove	and/or D if necess rector titl President = Chief I r. Directo I in the fo	virector becary) Ite by the five tree tree Ite T	eing added: asurer; S= Secretar, Officer. If an office be PTD. anner. Currently Jon, Sally Smith is nan	re title: y; D= Director; T er/director holds n ohn Doe is listed a	R= Trus nore tha s the PS	stee; C = Cho n one title, li T and Mike J	airman or ist the firsi iones is list	Clerk; letter ted as l Doe, PT	CEO = of each the V. Ti	Chief office here is hange,
Example: XChange	<u>PT</u>	John Do	<u>oe</u>				EC:E	14 SEP	-11	بي. د د
X Remove	<u>v</u>	Mike Jo	ones				38.8V	9	-	
X Add	<u>sv</u>	Sally St	mith_				E.F.S	PH	M	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>			<u>Addres</u> s	TATE ORIDA	:: 3		
1) Change							·	··· <u> </u>	· ·	
Add					-					
Remove										
2) Change								_		
Add					-					
Remove									<u>.</u>	
3) Change		_				···			 	
Add					-					
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4) Change										
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Remove										
5) Change				<u>.</u>						
Add										
Remove										
6) Change										
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(Attach additional sheets, if necessary). (Be specific)	14 SEP SECRIT
	AND TAR
	19 PM 1: 13 ASSEC LORID
	<u> </u>
	STATE ORID
. If an amendment provides for an exchange, reclassification, or cancellation of	sued shares,
provisions for implementing the amendment if not contained in the amendment (if not applicable, indicate N/A)	t itself:
·	

The date of each amendment(s) adoption:	_, if other than the
date this document was signed.	
Effective date if applicable: DATE OF AMENDMENT FILE DATE	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): "The number of votes cast for the amendment(s) was/were sufficient for approval """ """ """ """ """ """ """	17 CED 19 PH 1: IL
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Signature (By a director, president of other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
CHERYL SG RUSH (Typed or printed name of person signing)	
(Typed of printed fiame of person signing)	
PRESIDENT/OWNER	

(Title of person signing)