## US000 159975

(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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### **COVER LETTER**

Division of Co.	rporations		1
	R HOLDING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	RAMAN M CHANDER		
		Name of Person	
	CHANDER HOLDING L	LC	
	<del></del>	Firm/Company	
	1814 LAKE ROBERTS C	T	
		Address	
	WINDERMERE, FL 3478	66	
	rchomes1@yahoo.com	City/State and Zip Code	-
	E-mail address: (	to be used for future annual report noti-	fication)
For further information of	concerning this matter, please co	all:	
Raman Chander		954 534-5 <b>2</b> 00	
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# TO ARTICLES OF ORGANIZATION OF

CHANDER HOLDING LLC

(Name of the Limited Liabili (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L15000159975	Company were filed on and and	assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	·	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbrewation	3 I.C. 1
Enter new principal offices address, if applicable:	સ	7 22
(Principal office address MUST BE A STREET ADDI	RESS)	न जो
	i,	3 0
	ه د. آهر. احد	
Enter new mailing address, if applicable:		•
(Mailing address MAY BE A POST OFFICE BOX)		
1.7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		
B. If amending the registered agent and/or registered agent and/or the new registered office add  Name of New Registered Agent:	stered office address on our records, enter the nandress here:	ne of the new
New Registered Office Address:		
	Enter Florida street address	
	, Florida Zip Go	· · · · · · · · · · · · · · · · · · ·
	·	ae
provisions of all statutes relative to the proper and caccept the obligations of my position as registered a	t and agree to act in this capacity. I further agree to co complete performance of my duties, and I am familiar agent as provided for in Chapter 605, F.S. Or, if this d red office address, I hereby confirm that the limited lia	with and comment is bility

Page 1 of 3

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 Type of Action <u>Title</u> <u>Address</u> Name AMBR RAMAN M CHANDER 1814 LAKE ROBERTS CT, WINE ■ Add □ Remove ☐ Change □ Add □ Remove ☐ Change 19 HOISI/10 12 130 B ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add \_□ Remove

\_□ Change

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E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date  Note: If the date inserted in this block does not meet the applicable st document's effective date on the Department of State's records.	(optional) e of filing or more than 90 days after filing.) Pursuant to 605.0207 ( tatutory filing requirements, this date will not be listed as the
f the record specifies a delayed effective date, but not an eb). The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier of:
Dated 10-21-2017 (Oct21) 2017.	
Signature of a member or authorized r	representative of a member
RAMAN M CH Typed or printed name	HANDER I
Types of printed hand	

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Filing Fee: \$25.00