

L14000073513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

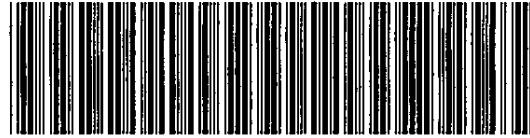
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. Shure MAR 1

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 25, 2015

FAISAL BUHKARI  
1085 GREENBRIER BLVD  
FORSYTH, IL 62535

SUBJECT: CHICAGO ENTERPRISE INVESTMENTS LLC  
Ref. Number: L14000073513

We have received your document for CHICAGO ENTERPRISE INVESTMENTS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 015A00003964

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CHICAGO ENTERPRISE INVESTMENTS 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:

**BUHKARI, FAISAL**

\_\_\_\_\_  
Name of Person

**CHICAGO ENTERPRISE INVESTMENTS LLC**

\_\_\_\_\_  
Firm/Company

**1085 Greenbrier Blvd.**

\_\_\_\_\_  
Address

**Forsyth, IL 62535**

\_\_\_\_\_  
City/State and Zip Code

**faisal-bukhari@hotmail.com**

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

For further information concerning this matter, please call:

**BUHKARI, FAISAL**

\_\_\_\_\_  
Name of Person

at **217** **728-7474**

\_\_\_\_\_  
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/COURIER ADDRESS:**

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**CHICAGO ENTERPRISE INVESTMENTS LLC**

(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 05/06/2014 and assigned  
Florida document number L14000073513.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**2381 CHICAGO ENTERPRISE INVESTMENTS LLC**

The new name must be distinguishable and end with the words "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 ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**BUHKARI, FAISAL**

**1085 Greenbrier Blvd.**

**Forsyth, IL 62535**

**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:**

**Name of New Registered Agent:**

**JUAN DELGADO**

**New Registered Office Address:**

**610 SYCAMORE STREET SUITE.170**

Enter Florida street address

**CELEBRATION**

**Florida 34747**

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	BUHKARI, FAISAL	2381 SILVER PALM DR.	<input type="checkbox"/> Add
		KISSIMMEE, FL 34747	<input checked="" type="checkbox"/> Remove
MGR	BUHKARI, FAISAL	1085 Greenbrier Blvd.	<input checked="" type="checkbox"/> Add
		Forsyth, IL 62535	<input type="checkbox"/> Remove
AMBR	JUAN DELGADO	610 SYCAMORE STREET	<input checked="" type="checkbox"/> Add
		SUITE.170	<input type="checkbox"/> Remove
		CELEBRATION, FL 34747	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 INTERNATIONAL AFFAIRS  
 OFFICE OF THE SECRETARY  
 WASHINGTON, D.C. 20520-1204

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated FEBRUARY 16, 2015

Signature of a member or authorized representative of a member

JUAN DELGADO

Typed or printed name of signer

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Filing Fee: \$25.00

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