

LB8 0000 40650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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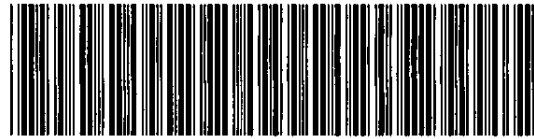
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE  
NOV - 7 2012  
EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CHUAO MANAGEMENT, 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:

**Robert Payne**

Name of Person

**Amicorp Services Ltd.**

Firm/Company

**1001 Brickell Bay Drive, Suite 2306**

Address

**Miami FL, 33131**

City/State and Zip Code

**r.payne@amicorp.com**

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

For further information concerning this matter, please call:

**Robert Payne**

**305**

**416-4730**

at ( )

Name of Person

Area Code & Daytime Telephone Number

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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**

**CHUAO MANAGEMENT, 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 04/23/2008 and assigned  
Florida document number L08000040650.

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 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)**

1001 Brickell Bay Drive, Suite 2306

Miami, FL 33131

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

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

1001 Brickell Bay Drive, Suite 2306

Miami, FL 33131

**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: Amicorp Fiduciary Services LLC

New Registered Office Address: 1001 Brickell Bay Drive, Suite 2306

*Enter Florida street address*

Miami

*City*

, Florida 33131

*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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Chua Investments Trust	200 SOUTH BISCAYNE BLVD. 14TH FLOOR	<input type="checkbox"/> Add
		MIAMI FL 33131 US	<input checked="" type="checkbox"/> Remove
MGR	Amicorp Fiduciary Services LLC	1001 Brickell Bay Drive, Suite 2306	<input checked="" type="checkbox"/> Add
		Miami, FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA  
2012 NOV -5 PM 1:00  
ADD REMOVE

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

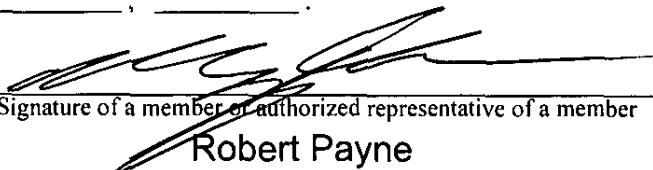
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Dated November 2nd, 2012.

  
Signature of a member or authorized representative of a member

Robert Payne

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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