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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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# **COVER LETTER**

TO: R	egistration Sectivision of Corp	ction porations		
eun ieca		SERVICES LLC		
SUBJECT	Γ:		ted Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please retu	ırn all correspoi	ndence concerning this matter t	to the following:	
		Sheila DeLeon		
			Name of Person	
		Moore & Co., P.A.		
		•	Firm/Company	
		255 Aragon Avenue, 3rd F	loor	
			Address	
		Coral Gables, FL 33134		
			City/State and Zip Code	
		sdeleon@moore-and-co.con		
		E-mail address: (t	o be used for future annual report notifi	cation)
For furthe	r information co	oncerning this matter, please ca	lli:	
Sheila De			at () 924-6219 Area Code Daytime	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.00	O 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

CHARTCO SERVICES LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited L	iability Company	were filed on	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	2350 SW 27th TERRACE	
(Principal office address MUST BE A STREET ADDRESS)		FT. LAUDERDALE, FL 33312	
Enter new mailing address, if applicable:		2350 SW 27th TERRACE	
Mailing address MAY BE A POST OFFICE	BOX)	FT. LAUDERDALE, FL 33312	
B. If amending the registered agent and registered agent and/or the new registered of			enter the name of the n
Name of New Registered Agent:	N/A		-7 SSE
New Registered Office Address:	255 Aragon Av	venue, 3rd Floor	54 7
	Coral Gables	Enter Florida street address , Floric	R5≥ S3134 <b>C</b>
	·	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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			Remove
			□ Change
			☐ Add
			□ Remove
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C4.	ve date, if other than the date of filing:(optional)
n effe <u>ite:</u>	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.
ted .	i/- 3 2016
icu .	Storing Deslim Athorned Representative
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00