

L 10000

10754
25 20 47

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

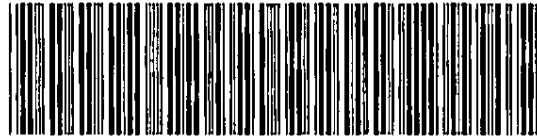
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000303157740

10/06/17--01014--016 **35.00

17 OCT 26 AM 8:49
FILING OFFICE

OCT 26 2017

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 10, 2017

SHELDON D DAGEN
2750 N 29TH AVENUE, STE 117
HOLLYWOOD, FL 33020

SUBJECT: CHAAL BROTHERS LLC
Ref. Number: L10000110754

We have received your document for CHAAL BROTHERS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 617A00020406

2017 OCT 26 PM 1:22

FALL AVE. SUITE 1117

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHAAL BROTHERS, 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:

SHELDON D. DAGEN
Name of Person

SHELDON D. DAGEN, P.A.
Firm/Company

2750 N. 29TH AVE. STE. 117
Address

HOLLYWOOD, FL 33020
City/State and Zip Code

SDAGEN@DAGENCRA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHELDON DAGEN at (954) 965-5375
Name of Person 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**

CHAAL BROTHERS, 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 10/25/2010 and assigned Florida document number L0000110754.

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 contain 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) _____

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: _____

New Registered Office Address: _____
Enter Florida street address

_____ Florida _____
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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	AMAR CHAAL	1629 Washington Ave	<input type="checkbox"/> Add
		Miami Beach FL 33139	<input checked="" type="checkbox"/> Remove
		1629 Washington Ave	<input type="checkbox"/> Change
MGR	MHD MANAR SHAAL	Miami Beach FL 33139	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 OCT 2011 10:49 AM
 AMAR CHAAL
 MHD MANAR SHAAL

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

OCT 21 2017
 8:49 AM

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

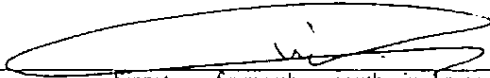
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 10.21.17



Signature of a member or authorized representative of a member

W A E L C H A A L

Typed or printed name of signee