111000033202

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	 .
Special Instructions to Filing Officer:	

Office Use Only



000301652940

07/26/17--01011--026 **25.00



J. HARRIS

COVER LETTER

Division of Co	rporations		
SUBJECT: NA	ND) CHIN LL	_C	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NANDI	CH1N Name of Person	
		Name of Person	
	NANDI	CHIN LLC	
		Firm/Company	 -
	9907 NW	GTH PLACE	
		Address	
	PLANTATIO	N , FL 33324	
		City/State and Zip Code	
	nandi Chi E-mail address: (City/State and Zip Code negmail.com to be used for future annual report notifi	cation)
For further information c	concerning this matter, please ca		·
		.	•
NANDI	OHIN of Person	at (<u>954</u>) <u>258</u> Area Code Daytime	- 0913 Telephone Number
			,
Enclosed is a check for the	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:

Registration Section

TO:

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



July 31, 2017

NANDI CHIN 9907 NW 6TH PLACE PLANTATION, FL 33324

SUBJECT: NANDI CHIN, LLC Ref. Number: L11000033202

2017 AUG III PH HEIII

We have received your document for NANDI CHIN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PAGE 1 IS MISSING.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 017A00015392



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Naridi C	hin, L	LC					
(Name of the Limited (A	<mark>Liability Company</mark> Florida Limited Lia	' <mark>as it now ap</mark> bility Compa	pears on ou ny)	r record <u>s.</u>)			
The Articles of Organization for this Limited Liab	ility Company w <u>202</u>	ere filed or	MARC.	4 18,	, <u>20//</u> ar	nd assiį	gned
This amendment is submitted to amend the following	ing:						
A. If amending name, enter the new name of th	<u>ie limited liabili</u>	ty compan	<u>y here</u> :				
		· Camponi *	tha daoinmei	vo 2011 C22 a	an elementario	11 1	
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable:			-				
(Principal office address MUST BE A STREET)	4DDRESS)	PLAN	TATION	FL	33324	- FC3	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>DX)</u>				August State	2017 AUG I PH I:	Property Control of the Control of t
B. If amending the registered agent and/or registered agent and/or the new registered offic	e address here:					ame o	of the new
Name of New Registered Agent:	JONAT 9907		c 711	0.06	-		
New Registered Office Address:	9907	Fnur	GIA ,	ot address	<u></u>		
					ida <i>FL 3</i>	332	24_
		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.

f 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>	Name	Address	Type of Action
<u>mgr</u>	JONATHAN WALSH	9907 NW 6TH PLACE PLANTATION TO 33324	P Add
			☐ Remove
			Change
			Add
			Remove
			Change
			Add
			🗆 Remove
			Change
			Add
			□ Remove
			☐ Change
			2017 JUG
			Removed
			Change.
			□ Add
			□ Remove
			☐ Change

NANDI	CHIN LLC 16	USTED AS	CLOTHES	
MANUFA	CTURER , I	WOULD LIK	E TO ALSO	ADO
EVENT	PLANNING !	AND RETAL	L PLEASE.	
	· · · · · · · · · · · · · · · · · · ·	····		
				
				
	_			<u> </u>
				<u> </u>
n effective date is listed, the te: If the date inserted in cument's effective date c	han the date of filing:	the applicable statutory f's records.	iling requirements, this	filing.) Pursuant to 605.0 date will not be listed
				-
ad 12 12	4 2017			~ ' _
ed 07 /2	4 2017	·		2017 2017
ed 07 12	1 2017 I andi Chi Signature of a memb	per or authorized representa	tive of a member	RIIT AUG
red 07 12	1 2017 I andi Ch Signature of a memi	ber or authorized representa	tive of a member	WIT AUG 11 1

Filing Fee: \$25.00