

L11000122753

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : TAX, ACCOUNTING AND FINANCIAL EXPERTS, INC.
Account Number : I20120000058
Phone : (305) 438-7671
Fax Number : (866) 895-8710

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: epuka76@aol.com

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CHAMAS-LEVY, LLC

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9/30/2014 9:20:45 AM PAGE 1/001 Fax Server



September 30, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TAX ACCOUNTING

SUBJECT: CHAMAS-LEVY, LLC
REF: L11000122753

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H14000227649
Letter Number: 714A00020846

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CHAMAS-LEVY, 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 10/27/2011 and assigned
Florida document number L11000122753

This amendment is submitted to amend the following:

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

WILLIAMSON-CHAMAS, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." 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: TAX, ACCOUNTING & FINANCIAL EXPERTS INC

New Registered Office Address: 20900 NE 30TH AVE STE 817

Enter Florida street address

AVENTURA

City

Florida 33180

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.

[Signature]
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	WEISMAN, AIELET H	21055 NE 37 AVENUE SUITE 602 AVENTURA, FL 33180	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGR	LEVY, GEROGE I	21055 NE 37 AVENUE SUITE 602 AVENTURA, FL 33180	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGR	WILLIAMSON, JORGE	21055 NE 37 AVENUE SUITE 602 AVENTURA, FL 33180	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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 more than 90 days after filing.) (605.0207 (3)(b))

Dated SEPTEMBER 29, 2014

Monica Chamas

Signature of a member or authorized representative of a member

Monica

Typed or printed name of signer

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