

L13 0000 15591

(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



800258125068

03/24/14--01044--021 **25.00

FILED
2014 MAR 24 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 25 2014

T CLINE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHAIRMANIACS LLC

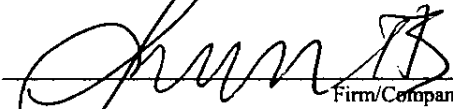
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUAN JOSE BLANCO

Name of Person



Firm/Company

782 SW CREAM TER

Address

PORT ST LUCIE, FL 34953

City/State and Zip Code

hairblanco@gmail.com

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

For further information concerning this matter, please call:

DONALD W MILLER, ESQ at **561** **366-7000**

Name of Person

Area Code

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAR 24 PM 1:45

FILED

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

CHAIRMANIACS LLC

Page 1 of 3

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>
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

2014 MAR 4 PM 1:45
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

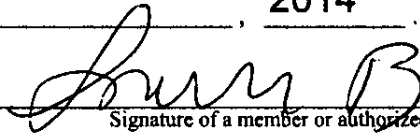
FILED

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)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH, 2014



Signature of a member or authorized representative of a member

JUAN JOSE BLANCO

Typed or printed name of signee

2014 MAR 24 PM 1:45
DEPT. OF STATE
TALLAHASSEE, FLORIDA

FILED