L13000166085

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T. BROWN

COVER LETTER

TO;		on Section f Corporations	·	4.		
SUBJ	ECT:	Chau and Waas F	Property Investment 2 LLC			
	Name of Limited Liability Company					
The en	nclosed Articl	es of Amendment and fee(s) are su	bmitted for filing.			
Picase	retum all cor	respondence concerning this matte	er to the following:			
		****	Victoria Salazar			
			Name of Person			
			ROCKET LAWYER			
			Firm/Company			
5668 E. 61ST STREET						
Address						
		^	OMMEDCE CA 00040			
COMMERCE, CA 90040 City/State and Zip Code						
			rxchau@yahoo.com			
		E-mail address:	(to be used for future annual report notification	on)		
For fur	rther informat	ion concerning this matter, please	call:			
		Victoria Salazar	at (800) 46	2-5487		
Name of Person			Area Code & Daytime Telephone Number			
Enclos	ed is a check	for the following amount:				
[7] \$2 5	5.00 Filing Fe	e \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Ro D	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building	ons		
	Ta	allahassee, FL 32314	2661 Executive Cente	r Circle		

Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ATTORNEYS CORPORATION SERVICE, INC. 5668 EAST 61ST STREET COMMERCE, CA 90040

TEL: (800) 462-5487 ext.120 FAX: (800) 388-0330 EMAIL: vsalazar@attorneyscorpservice.com

DOCUMENT FILING REQUEST LETTER

REGULAR FILING SERVICE

DATE: 12/06/2013

FROM: VICTORIA SALAZAR

Client Matter:

TO: DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

CLIFTON BUILDING

2661 EXECUTIVE CENTER CIRCLE

TALLAHASSEE, FL 32301

ATTN: DOCUMENT FILING DIVISION

RE: Chau and Waas Property Investment 2 LLC

Enclosed is one of the following: (1) Articles Amendment

Return request with filing: (1) Certified Copy

Return request via following: (X) Priority Mail/Email

Total Page(s) attached including transmittal page: [5]

Fax/Email a copy of the filed documents upon acceptance of filing

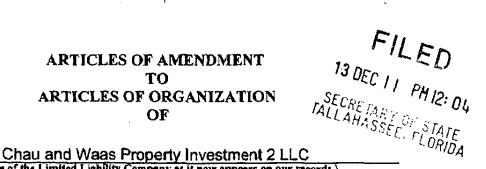
PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO: ATTORNEYS CORPORATION SERVICE, INC. 5668 E. 61st STREET COMMERCE, CA 90040

PLEASE CONFIRM UPON RECEIVED DOCUMENTS

NOTE(S):

CK#

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



Zip Code

(A Flo	rida Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liabil Florida document number <u>L1300016608</u>		11/27/2013	and assigned
This amendment is submitted to amend the following. A. If amending name, enter the new name of the		re:	
The new name must be distinguishable and end with the "L.L.C." Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A.	ADDICACO)	any," the designation "L	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)			
B. If amending the registered agent and/or r registered agent and/or the new registered office		our records, enter t	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	E	nter Florida street addi	'ess
		, Florida	

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 608, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action Title Name Address MGRM John Wass ☐ Add
☑ Remove 1 Windihill Dr. Greensburg, PA 15601 John Waas MGRM 1 Windihill Dr. **✓** Add Greensburg, PA 15601 Remove Remove ☐ Add Remove ∐Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2013 December 04 Dated _ Signature of a member or authorized representative of a member John Waas Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00