114000042779

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
· (Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED 14 JUL -7 PM 4: 03 DEPARTMENT OF STATE DIVISION OF THE STATIONS TALL AND SEE TO OPION

June 13, 2014

ANNA CHAO ZO 6601 SW 116 CT #303 MIAMI, FL 33173

SUBJECT: CHAO & LOPEZ HOLDINGS LLC

Ref. Number: L14000042779

We have received your document for CHAO & LOPEZ HOLDINGS 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please list only 1(one) registered agent.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 414A00012845

on The 27 th of June I called 2000 The above Tel. No. (850) 245-6050.

AND I Spoke to a lady in That office AND SHE Say That the form were send previosly is not the form which I filled up AND I'M SENDING IT, I hope this www.sunbiz.org is the correct one.

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314 Records

COVER LETTER

TO: Registration Section Division of Corporations

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

Please return all correspondence concerning this matter to the following:

ANNA CHAO ZO
Name of Person
CHAO + LOPEZ HOLDINGS LLC
Firm/Company
6601 SW 116 CT. #303
Address
MIAMI FL. 33173
City/State and Zip Code
LOPEZ-MOULETC@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANNA	CHAO	20	_	at (301)	7338212	
	Name of Perso	n		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 Fer, 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 Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(A Florida 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 $\frac{3142014}{2014}$ and assigned Florida document number $\frac{14000042779}{}$ 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 end with 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) If amending the registered agent and/or registered office address on our records, enter the name of the new egistered agent and/or the new registered office address here: ANNA CHAO ZO

6601 5.W. 116 CT. # 303

Enter Florida street address

MIAMI Florida 33173 Name of New Registered Agent: New Registered Office Address: 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

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

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:

AMBR = Authorized Member Title Name <u>Address</u> Type of Action ANNA CHAO TO 6601 SW 116CT #303 PREMOVED MIAMI_ FL. 33173 CARME LO LOPEZ MOULET 6601 S.W. 11607 #303 PREMOVED MIAMI FL. 33173 _____ 🖂 Add _□ Remove _D Add □ Remove Remove 5 AM II: 30 Page 2 of 3

MGR = Manager

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
(The eff	ive date, if other than the date of filing: cive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
Dated	6/30/2074
,	K l. D. al.
	Signature of a member or authorized representative of a member
7	E ANNA CHAO ZO
- //	Typed or printed name of signec

Page 3 of 3

Filing Fee: \$25.00

2014 JUL 15 AH 11: 30

PAGE 06/06