

L14 000 197918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

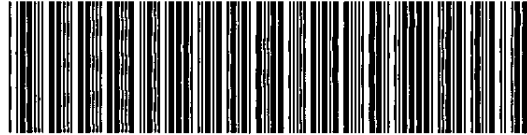
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000271953460

04/27/15--01029--014 \*\*25.00

FILED  
15 APR 27 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

↓ Shivers MAY 01 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CHANDELIER GROUP, 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:

**BERENICE IPIA-FELICIANO**

Name of Person

**PRATS FERNANDEZ & CO. PA**

Firm/Company

**999 PONCE DE LEON BLVD. STE. 1110**

Address

**CORAL GABLES, FL 33134**

City/State and Zip Code

**ADMIN@PRATSFERNANDEZ.COM**

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

For further information concerning this matter, please call:

**BERENICE IPIA-FELICIANO**

at ( **305** ) **444 8333**

Name of Person

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 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

**CHANDELIER GROUP, LLC**

Page 1 of 3

15 APR 27 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
Zip Code  
To comply with the

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	EMILIO J. RAMIREZ	P.O. BOX 140970	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33114	<input type="checkbox"/> Remove
MGR	LAURA F MCCLOSKEY	P.O. BOX 140970	<input type="checkbox"/> Add
		CORAL GABLES, FL 33114	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED  
1 APR 27 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 APRIL 23, 2015

\_\_\_\_\_  
Signature of a member or authorized representative of a member

EMILIO J. RAMIREZ Legal representative of CHANDELIER GROUP S.A.

\_\_\_\_\_  
Typed or printed name of signee

\_\_\_\_\_  
Signature of a member or authorized representative of a member

**Page 3 of 3**

**Filing Fee: \$25.00**

**FILED**  
**15 APR 27 AM 10:06**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**