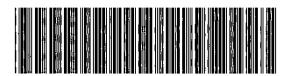
## L14000 192918

(Requestor's Name)
•
(Address)
(Address)
(City/State/Zip/Phone #)
(Only State/21pr Holle #)
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 \*\*25.80

15 APR 27 AM ID: 06
SICRETARY OF STATE

1 Stavers MAY 0 1 2015

## **COVER LETTER**

TO: '		istration Sec ision of Corp			
SUBJE	ст.	CHANDE	LIER GROUP, LLC		
SUBJE	C1.	<del></del>	Name of Lim	ited Liability Company	
The enc	losec	l Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please re	eturn	all correspon	dence concerning this matter	to the following:	
			BERENICE IPIA-FE	LICIANO	
				Name of Person	
			PRATS FERNANDE	Z & CO. PA	
				Firm/Company	
			999 PONCE DE LEG	ON BLVD. STE. 1110	
				Address	
			CORAL GABLES, F	L 33134	
			ADMIN@PRATSFEF	City/State and Zip Code RNANDEZ.COM	
			E-mail address: (	to be used for future annual report notific	cation)
For furth	her ir	oformation co	ncerning this matter, please ca	all:	
BERE	NIC	E IPIA-FE	ELICIANO	305 444 8333	
		Name of	Person	Area Code Daytime	Telephone Number
Enclosed	d is a	check for the	e following amount:		
<b>■</b> \$25.	.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	Cl \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			NG ADDRESS: tion Section	STREET/COURIE Registration Section	

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

CHANDELIER GRO	UP.	. LLC
----------------	-----	-------

(A Florid	la Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L14000192918</u>	Company were filed on 12-18-2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and end with the words "Li	imited Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		the name of the nev
registered agent and/or the new registered office and	iress nere:	
Name of New Registered Agent:		200 <b>d</b>
New Registered Office Address:		2 <b>5</b>
New Registered Office Address.	Enter Florida street address	SZ N sussess
	, Florida	MA D
	City	Zip Code : !
New Registered Agent's Signature, if changing Registere		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete performance of my duties, and I am fa agent as provided for in Chapter 605, F.S. Or, i ed office address, I hereby confirm that the lim	nmiliar with and If this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member **Title** Name <u>Address</u> Type of Action **MGR** EMILIO J. RAMIREZ P.O. BOX 140970 ■ Add CORAL GABLES, FL 33114 ☐ Remove LAURA F MCCLOSKEY MGR P.O. BOX 140970 □ Add CORAL GABLES, FL 33114 ■ Remove □ Add □ Remove □ Remove Remove □ Add □ Remove

	•			
				· · · · · · · · · · · · · · · · · · ·
tive date if oth	ner than the date of f	ilin <i>o</i> •		(antional)
ffective date must be ate this document is APRIL 23	ner than the date of five specific, cannot be prior to filed by the Florida Depar	to date of receipt or trment of State)	led date and cannot b	<b>(optional)</b> e more than 90 days after
ffective date must be	e specific, cannot be prior (	to date of receipt or i	iled date and cannot b	(optional) e more than 90 days after
ffective date must be ate this document is APRIL 23	e specific, cannot be prior to filed by the Florida Depar	to date of receipt or truent of State)  2015	orized representative	e more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

15 APR 27 AM 10: 06