LI50000 8399

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	
<u> </u>	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	ns to Filing Officer:
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	Office Use Only

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FILED

Altassie, rusio,

APR 02 2019 S. YOUNG

	\$	COVER LETTER	
TO;	Registration Section Division of Corporations	•	
SUBJI	ECT:	CH BRANDING 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:



For further information concerning this matter, please call:

Enclosed is a check for the following amount:

S25.00 Filing Fee

4

Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filmg 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CH BRANDING LLC			
(Name of the 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 $01/14/2015$ Florida document number 15000008399 . This amendment is submitted to amend the following:	and assi	gned	
A. If amending name, enter the new name of the limited liability company here:			
		9	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevi	iption 'L.L.	. <u>Ç</u> ,"	-
Enter new principal offices address, if applicable:		NR NR	
(Principal office address MUST BE A STREET ADDRESS)	<u>.</u>	-	-r m
		Hd.	0
	10	ę:	•
Enter new mailing address, if applicable:	er:	1	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office address on our records, enter the	name of	the n	

registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	¥ ³	
•	Enter Florida street address	
		rida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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I hereby accept the appointment as registered agent and agree to dot 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

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Title	Name	Address	Type of Action
MGR	HOBELMIN, PABLO	4400 SHENDAN ST SUIE J	O Add
		Holywood FL 33021	Memove
			Ü Change
			O Add
			C Remove
		÷	Change
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(b) •

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D. If amending any other information, enter change(s) here: (Attack additional sheets, if necessary.)

E. Effective date, if other than the date of filing: 02/05/5019 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(Note: If the date inserted in this block does not meet the applicable statutors filing entry of the statutors of
(If an effective date is listed, the date must be specific and cannot be prior to date of filing a more than 00 days (optional)
document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed
(b) The 90th day after the record is filed.
Dated Oi MARCH 2019
MALA
Signature of a member or authorized representative of a member
Pablo Hoberman
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00