11500047211

(Requestor's Name)
(requester s rightle)
(Address)
(Address)
(City/Chata/Tin/Dhana 40
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Stephen Scraci Gave AUTHORIZATION BY PHONE TO CORRECT THE OF AP AMBR DATE 9/2/15 DOC. EXAM YS

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SEP 2.1 7015

Y SULKER

COVER LETTER

	on Section f Corporations	•
	Management LLC	
SUBJECT:	Name of	Limited Liability Company
The enclosed Artic	es of Amendment and fee(s) are	submitted for filing.
Please return all co	rrespondence concerning this ma	tter to the following:
	Stephen W. Screnci, E.	sq.
		Name of Person
	Stephen W. Screnci, P.	.A.
	 	Firm/Company
	2600 N. Military Trail.	Suite 410
		Address
	Boca Raton, Florida 33	3431
		City/State and Zip Code
	sws@screncilaw.com	ss: (to be used for future annual report notification)
For further informa	tion concerning this matter, pleas	
Stephen W. Screne	i	561 300-3390 at ()
7	ame of Person	Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:	
\$25.00 Filing 1	ee □ \$30.00 Filing Fee & Certificate of Status	S S Certified Copy (additional copy is enclosed) \$ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
I	MAILING ADDRESS: Legistration Section Division of Corporations	STREET/COURIER ADDRESS: Registration Section Division of Corporations
1	.O. Box 6327	Clifton Building

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chen Management, LLC		
(Name of the Limited Liability Compa	ny as it now appears on our records.)	
(A Pionua Limiteu L	павину Сопрану)	
The Articles of Organization for this Limited Liability Company	and assigned	
Florida document number 11500004721		<i>U</i>
riorida document number		
This amendment is submitted to amend the following:		
A If amounting your automatic your name of the limited light	lite compony house	
A. If amending name, enter the new name of the limited liabi	mty company nere:	
		4 11 'C M I O "
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	570 NW 26th Street, Miami, Florid	la 33127
<u> </u>		···,
		<u></u>
	570 NW 26th Street Miami Florid	19 33127 Frie 19 17
Enter new mailing address, if applicable:	570 IVW 20th Street, Miann, Florid	- 70
(Mailing address MAY BE A POST OFFICE BOX)	ity Company," the designation "LLC" or the abbreviation "L.L.C." 570 NW 26th Street, Miami, Florida 33127 570 NW 26th Street, Miami, Florida 33127 Final Street address on our records, enter the Partie of the new 2: Enter Florida street address Florida Zip Code	
B. If amending the registered agent and/or registered of	fice address on our records, <u>e</u>	nter the Rafte of the nev
registered agent and/or the new registered office address here	<u>2</u> :	
		•
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	F1	i_
		Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	•
		, , , , , , , , , , , , , , , , , , , ,
I hereby accept the appointment as registered agent and agree	ee to act in this capacity. I furthe	er 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

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
Mr. ANBR	Michael Zoyes	570 NW 26th Street	= Add
		Miami, Florida 33127	Remove
			Change
AMBR	Stephen W. Screnci	2600 N. Military Trail, Suite 410	
•		Boca Raton, Florida 33431	□ Remove
			Change
			IARYOF STATE
			Ø m O Add
			Remove
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			P.V.	
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			LÄRY ASSE	 8
**************************************			E.C.	PM
	 		- 02	
			ORIDA	သူ
				
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior the: If the date inserted in this block does not meet the application ument's effective date on the Department of State's records.	ible statutory fi	ling requirements,	this date will not be	o 605.02 : listed
record specifies a delayed effective date, but not he 90th day after the record is filed.	an effectiv	e time, at 12:0	1 a.m. on the e	arlier
ed September 15 , 2015	_·			
	··			
penned eller				

Page 3 of 3

Filing Fee: \$25.00

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