

L15000078778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

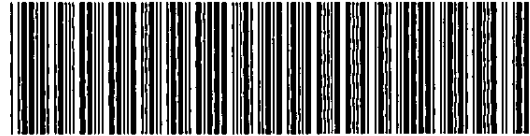
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ABNER & CHANDLER INVESTMENT 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:

DR. PRINCESS JA CHANDLER

Name of Person

ABNER & CHANDLER INVESTMENT GROUP

Firm/Company

1172 SOUTH DIXIE HWY, SUITE 209

Address

CORAL GABLES FLORIDA 33146

City/State and Zip Code

drpjchan@bellsouth.net

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

For further information concerning this matter, please call:

DR. PRINCESS JA CHANDLER

786 760 7720  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

ABNER & CHANDLER INVESTMENT GROUP, 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 05/05/2015 and assigned  
Florida document number L15000078778.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

1172 SOUTH DIXIE HWY, SUTE 209

**(Principal office address MUST BE A STREET ADDRESS)**

CORAL GABLES FLORIDA 33146

**Enter new mailing address, if applicable:**

POBOX 163526

**(Mailing address MAY BE A POST OFFICE BOX)**

MIAMI FLORIDA 33146

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

DR. PRINCESS JA CHANDLER

New Registered Office Address:

1172 SOUTH DIXIE HWY, SUITE 209

*Enter Florida street address*

CORAL GABLES FLA.

*City*

, Florida 33146

*Zip Code*

**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 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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	HAWKINS, THOMAS	2401 HAGNEY ST	<input type="checkbox"/> Add
		RALEIGH, NC 27614	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PITTS, DARRYL	943 PEACH STREET NE UNIT 11	<input type="checkbox"/> Add
		ATLANTA GA 30309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

REGISTERED AGENT NAME AND ADDRESS: 11000 SW 104 STREET MIAMI FLORIDA 33116 (HOME)

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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (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)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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.

**Dated**

  
Signature of a member or authorized representative of a member

DR. PRINCESS J. A. CHANDLER  
Typed or printed name of signee

Typed or printed name of signee