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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

	BNER & C	HAN PROPERTIES LLC		
JI: _		Name of Lim	ited Liability Company	
osed A	Articles of A	mendment and fee(s) are sub	mitted for filing.	
eturn a	ll correspond	dence concerning this matter	to the following:	
		DR. PRINCESS JA CHA	NDLER	
			Name of Person	<del></del>
		ANER & CHAN PROPE	RTIES LLC	
			Firm/Company	·
		POBOX 163526 MIAMI	FLORIDA 33116	
			Address	
		MIAMI FLORIDA 33116		
			City/State and Zip Code	···
		=		
			·	cation)
er info	ormation cor	ncerning this matter, please ca	all:	
INCE	SS JA CHA	NDLER	786 760 7720	
	Name of I	Person	Area Code Daytime	Telephone Number
is a c	heck for the	following amount:		
00 Fili	ing 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)
	osed Atum a	osed Articles of A sturn all correspond er information cor INCESS JA CHA	Name of Lim  Name of Lim  Name of Lim  Osed Articles of Amendment and fee(s) are substant all correspondence concerning this matter  DR. PRINCESS JA CHA  ANER & CHAN PROPE  POBOX 163526 MIAMI  MIAMI FLORIDA 33116  drpjchan@bellsouth.net  E-mail address: (  Der information concerning this matter, please contents in the concerning this matter in the concerning this matter.  In the concerning this matter is the concerning this matter in the concerning this matter.	Name of Limited Liability Company  osed Articles of Amendment and fee(s) are submitted for filing.  turn all correspondence concerning this matter to the following:  DR. PRINCESS JA CHANDLER  Name of Person  ANER & CHAN PROPERTIES LLC  Firm/Company  POBOX 163526 MIAMI FLORIDA 33116  Address  MIAMI FLORIDA 33116  City/State and Zip Code  drpjchan@bellsouth.net  E-mail address: (to be used for future annual report notifier information concerning this matter, please call:  INCESS JA CHANDLER  Name of Person  Area Code  Daytime  1 is a check for the following amount:  00 Filing Fee  \$30.00 Filing Fee & Certified Copy

MAILING ADDRESS:

TO:

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 & CHAN PROPERTIES L	LC			
(Name of the Limited	Liability Compa Florida Limited	nny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Lial	bility Company	were filed on 5/26/2015	and assigned	
Florida document number		-		
This amendment is submitted to amend the follow	ving:			
A. If amending name, <u>enter the new name of t</u>	he limited liah	sility company here:		
a is unleading name, enter the new name of the	ne mmtea ma	mey company nere.		
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applical	ole:	11000 SOUTHWEST 104TH S	TREET	
Principal office address MUST BE A STREET	ADDRESS)	MIAMI FLORIDA 33116		
	_			
Enter new mailing address, if applicable:		PBOX 163526		
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI FLORIDA33116-9998		
B. If amending the registered agent and/or registered agent and/or the new registered officered.			nter the name of the no	
egistered agent and/of the new registered offi	ee addi ess nei	<u>c</u> .	5	
Name of New Registered Agent:	DR. PRINCES	SS JA CHANDLER	ATE TAN	
New Registered Office Address:	11000 SOUT	HWEST 104TH STREET	SE O	
	· · · · · · · · · · · · · · · · · · ·	Enter Florida street address	44 4 17	
	MIAMI FLORI	DA Florio	la 33116 %	

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.

City

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>	Address	Type of Action
MGR	BREONA MARCIA	9457 LAS VEGAS BLVD. S NIT	□ Add
		LAS VEGAS NV 89123	■ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			Add
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Page 3 of 3

Filing Fee: \$25.00