L/6000067172

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bı | ısiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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| | | |

Office Use Only



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2016 APR || AM |D: 26

K.SALY EXAMINER APR 14

COVER LETTER

| TO: " Registration Se Division of Cor | | | |
|--|---|---|---|
| CHAINK K | | | |
| SUBJECT: | Name of Limi | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | JUAN CARLOS LANCI | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 15 NW 7TH AVENUE | | |
| | | Address | |
| | FORT LAUDERDALE, F | L 33311 | |
| | | City/State and Zip Code | |
| | MARCELONOGARE@HC | OTMAIL.COM to be used for future annual report notifi | eation) |
| For further information e | oncerning this matter, please ca | · | cantony |
| MARCELO NOGARE | | 954 317-3681 | |
| Name o | l Person | at () Area Code Daytime | Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| \$25.00 Filing 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) |

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

2016 APR 11 AM 10: 26

TALLAHASSEE PLORIDA

CHAINK KOON 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 04/0 | and assigned |
|---|--|--|
| Florida document number L16000067172 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here | <u>;</u> |
| | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the des | egnation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| F | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered of | ffice address on (| our records, <u>enter the name of the new</u> |
| registered agent and/or the new registered office address her | <u>e</u> : | |
| Name of Name Devisered Access | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florid | ı street address |
| | | |
| | City | , Florida Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | · |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | ee to act in this ca performance of m provided for in Ch | y duties, and I am familiar with and apter 605, F.S. Or, if this document is |
| 1673 | uging Degistered Laure | t 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> | Type of Action |
|--------------------------------|-----------------------|---------------------------|----------------------|
| MGR | DALLE NOGARE, MARCELO | 15 NW 7TH AVENUE | □ Add |
| | | FORT LAUDERDALE, FL 33311 | ■ Remove |
| | | | ☐ Change |
| MGR | LANCI, JUAN CARLOS | 15 NW 7TH AVENUE | ■ Add |
| | | FORT LAUDERDALE, FL 33311 | □ Remove |
| | | | ☐ Change |
| | | | |
| | | | Remove |
| | | | REDBIG MER I I SAMIO |
| | | | TO Add AH IOVE |
| THE SERIEST NAME OF MANAGEMENT | | | 🗆 Add |
| | | | Remove |
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| m effec <u>ote:</u> [[| ve date, if other than the date of filing: O4/08/2016 (optional) | |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl 90th day after the record is filed. | ier of: |
| ated _ | APRIL 8TH 2016 | |
| | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00