

L1600001104444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

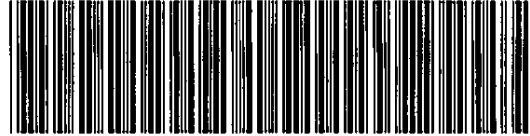
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 AUG 26 PM 11:05

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHN BROKERAGE 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:

MICHAEL NASR

Name of Person

CHN BROKERAGE LLC

Firm/Company

1574 NW 82th AV

Address

DORAL, FL 33126

City/State and Zip Code

m.pradas@padgett businessservices.com

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

For further information concerning this matter, please call:

MANUEL PRADAS

at (**954**) **217 0223**

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 AUG 26 PM 11:05

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CHN BROKERAGE 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 _____ and assigned
Florida document number L1600001104444.

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: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

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

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City 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	TANYA FERZLI	P.O. BOX 565936,	<input type="checkbox"/> Add
		PINECREST, FL 33256	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LUIGI CHIARELLO	1574 NW 82th AV	<input checked="" type="checkbox"/> Add
		DORAL, FL 33126	<input 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

16 AUG 25 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FL 32307

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

[illegible]

16 AUG 26 PM 11:05

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 07-11-2001 BY SP-6
JAL/ALH/SEF/LND

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 AUGUST, 22nd 2016

2016

Signature of a member or authorized representative of a member

MICHAEL NASR

Typed or printed name of signee