

**L1700013905**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**400297125244**

03/27/17--01022--023 \*\*25.00

**MAR 28 2017**  
**S. YOUNG**

**FILED**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**  
**17 MAR 27 PM 2:11**



**PCHANCE GRAPHICS AND MULTI-MEDIA LLC**

1897 Palm Beach Lakes Blvd #210

West Palm Beach FL, 33409

Phone: (561) 506-2124

Email: [pchancegraphics@gmail.com](mailto:pchancegraphics@gmail.com)

Dear,

Division of Corporations, I Patrick A Chance would like to request a change in address for my Registered Agent please. This is due to the relocation of my business.

Thank you.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL  
17 MAR 27 PM 2:11

3/24/2017  
**PCHANCE GRAPHICS AND MULTI-MEDIA LLC**  
**1897 PALM BEACH LAKES BLVD**  
**SUITE 210**  
**WEST PALM BEACH, FL 33409**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PCHANCE GRAPHICS AND MULTI-MEDIA 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:

PATRICK A CHANCE

Name of Person

PCHANCE GRAPHICS AND MULTI-MEDIA LLC

Firm/Company

1400 WINDORAH WAY APT# A

Address

WEST PALM BEACH, FLORIDA 33411

City/State and Zip Code

PCHANCEGRAPHICS@GMAIL.COM

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

For further information concerning this matter, please call:

PATRICK A CHANCE

561

506-2124

at ( )

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

SECRET  
TALLAHASSEE, FL 32301  
17 MAR 27 PM 2:11

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

PCHANCE GRAPHICS AND MULTI-MEDIA 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 JANUARY 18, 2017 and assigned  
Florida document number L17000013905.

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 "LLC."

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

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

1897 PALM BEACH LAKES BLVD #210

WEST PALM BEACH

FL, 33409

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

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

1897 PALM BEACH LAKES BLVD #210

WEST PALM BEACH

FL, 33409

**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:

1897 PALM BEACH LAKES BLVD #210

*Enter Florida street address*

WEST PALM BEACH

*City*

Florida 33409

*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>
CEO	Patrick A Chance	1400 Windorah Way	<input type="checkbox"/> Add
		Apt # A	<input type="checkbox"/> Remove
		West Palm Beach, FL 33411	<input checked="" type="checkbox"/> Change
CEO	Patrick A Chance	1897 Palm Beach Lakes Blvd	<input checked="" type="checkbox"/> Add
		# 210	<input type="checkbox"/> Remove
		West Palm Beach FL, 33409	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRET  
MAR 27 PM 2:11  
STATE  
CAL. 110106

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

*(This area is for amendments. A diagonal line is drawn across the space.)*

RECEIVED BY STATE  
CLERK  
17 MAR 27 PM 2:11

**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 MARCH 24, 2017



\_\_\_\_\_  
Signature of a member or authorized representative of a member

PATRICK A CHANCE

\_\_\_\_\_  
Typed or printed name of signee