

L17000025013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

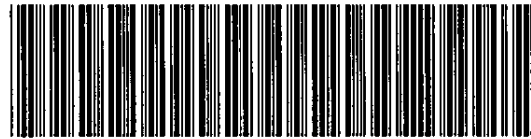
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAR FEB 23 P 5:09
SECRETARY OF STATE
TAMPA, FLORIDA

S Warren

FEB 24 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2017

ROBYN I. FINKELSTEIN
411 N. NEW RIVER DRIVE E, APT. 1804
FT. LAUDERDALE, FL 33301

SUBJECT: CHAZERS BAKERY LLC
Ref. Number: L17000025013

We have received your document for CHAZERS BAKERY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P10000002280 CHIPS INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 917A00002741

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHIPS LLC (NEW NAME - FORMERLY REGISTERED AS CHAZERS BAKERY 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:

ROBYN I. FINKELSTEIN

Name of Person

C/O RONALD FINKELSTEIN - REGISTERED AGENT

Firm/Company

411 N. NEW RIVER DRIVE E. APT 1804

Address

FT. LAUDERDALE, FL 33301

City/State and Zip Code

ronfronf12@gmail.com

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

For further information concerning this matter, please call:

RONALD FINKELSTEIN

954 648-1828
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
FEB 23 5:00 PM
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA
NEWLY 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>
	N/A - NO CHANGE		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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 FEBRUARY 7 2017

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

RONALD FINKELSTEIN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA