L1700025013

(Re	equestor's Name)	
. (Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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IN FEB 23 P S-09
ECRETARY OF STATE

S Warren FEB 2 4 2017



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

www.sunbiz.org

Letter Number: 917A00002741

COVER LETTER

Divi	sion of Corp	oorations		
SUBJECT:	CHIPS LLC	C (NEW NAME - FORMERL	LY REGISTERED AS CHAZERS E	BAKERY LLC)
			ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		ROBYN I. FINKELSTEIN	ų.	
			Name of Person	······································
		C/O RONALD FINKELS	TEIN - REGISTERED AGENT	
			Firm/Company	
		411 N. NEW RIVER DRIV	VE E. APT 1804	
			Address	
		FT. LAUDERDALE, FL 3	3301	
			City/State and Zip Code	
		ronfronf12@gmail.com		
		E-mail address: (1	o be used for future annual report notifi	cation)
For further in:	formation co	ncerning this matter, please ca	all:	
RONALD FINKELSTEIN		954 648-1828		
	Name of	Person	at ()	Telephone Number
Enclosed is a	check for the	e following amount:		
		-	M SSS 00 William Room Pr	Fig. 640 00 Elling Eng
■ \$25.00 Fi	ing rec	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Centificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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 ARTICLES OF ORGANIZATION **OF**

CHAZERS BAKERY LLC			
(Name of the Lin	nited 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 31, 2017 and assigned		
Florida document number L17000025013			
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited liability company here:		
CHIP BAKE	RY LLC		
	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appl	icable: N/A - NO CHANGE IN ADDRESS		
Principal office address MUST BE A STRE	EET ADDRESS)		
	N/A - NO CHANGE IN ADDRESS		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u> </u>		
			
	d/or registered office address on our records, enter the name of the		
registered agent and/or the new registered of	office address here:		
Name of New Registered Agent:	N/A - NO CHANGE		
	N/A - NO CHANGE		
New Registered Office Address:	Enter Florida street address		
	, Florida		

1

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, Rogiste Col Page 1 of 3

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** N/A - NO CHANGE _□ Add □ Remove ☐ Change □ Add □ Remove _□ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove **₹** □ Remove

☐ Change

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te: If the date inser- nument's effective of record specifies	her than the date of ed, the date must be specified in this block do date on the Departm s a delayed effective the record is	es not meet the ap tent of State's reco	plicable statutory fil ords.	ing requirements	, this date	will not	be listed
, FEBRUARY 7	<i>1</i>	2017					
ed	Renava	uh la	IA		(1)	har J	
	Signatu	a member or a	nuthorized representati	ve of a member	SAME TARE] FEB	T
RONALD	FINKELSTEIN						
RONALD	FINKELSTEIN	Typed or p	rinted name of signee		TARY I	23	m

Filing Fee: \$25.00