## 117000063521

(Re	equestor's Name)	
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

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K. SALY MAY - 9 2017

## **COVER LETTER**

TO:		istration Se ision of Cor			
CIID	IDOT.	Chana's He	ros, LLC	·	
SUB	SJECT:		Name of Lim	nited Liability Company	
The e	enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	se return	all correspo	ondence concerning this matter	to the following:	
			Beth Beyer		
				Name of Person	
			Chana's Heros LLC		
				Firm/Company	<del></del>
			12276 San Jose Blvd, #709	9	
				Address	
			Jacksonville, Florida 3222	3	
			bethwu61@gmail.com	City/State and Zip Code	
			E-mail address: (	to be used for future annual report notifi	cation)
For f	further in	nformation c	oncerning this matter, please ca	all:	
Beth	Beyer			904 434-6390	
		Name o	r Person	at () Area Code Daytime	Telephone Number
Encle	osed is a	check for th	ne following amount:		
<b>a</b> 9	\$25.00 F	iling 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

FILED
2017 MAY = 5 PM 3: 20
TALLAHASSEE, FLORIDA

Chana's Heros LLC

(Name of the Limited Liability Company as it new appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company vi Florida document number L17000063521	vere filed on	March 20, 201	7 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ity company	here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," th	e designation "L	LC" 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 here:  Name of New Registered Agent:		on our reco	enter the name of the new
New Registered Office Address:	r	71 - 11 1	
		Florida street add	
	City	·	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance ovided for in	of my duties, 1 Chapter 60.	and I am familiar with and 5, F.S. Or, if this document is
If Chang	ing Registered	Agent, Signatu	re 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>	Name	Address	Type of Action
MGR	Sammi Beyer Morali		
		10435 Midtown Pkwy	■ Remove
		Jacksonville, FL 32246	
MEM	Beth () Beyer	2950 Surshire Cove	Change
			Add
		Jacksonville, FL 32257	□ Remove
			Change
			□ Ađd
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tive date, if other tha	the date of fili	ing:		(optio	onal)
fective date is listed, the date in the da	e must be specific a vis block does no	and cannot be prior to t meet the applical	o date of filing or mobile statutory filing	re than 90 days after to requirements, this	filing.) Pursuant to 605.020 date will not be listed as
nent's effective date on	he Department o	f State's records.		•	
			an effective ti	me, at 12:01 a	.m. on the earlier o
90th day after the	record is file	d.			
May 2		2017			
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		13/11	~ <del>~</del>		
			ized representative	· • • • • • • • • • • • • • • • • • • •	

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Typed or printed name of signee

Filing Fee: \$25.00