

L17000089576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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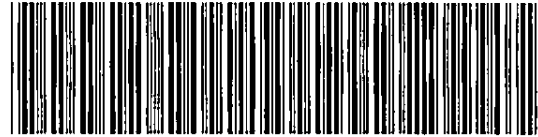
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
AUG 17 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CHAT-NEL 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:

Mrs. Nathalie JAHIDI

\_\_\_\_\_  
Name of Person

CHAT-NEL LLC

\_\_\_\_\_  
Firm/Company

337 Poinciana Island Drive, Unit 1007

\_\_\_\_\_  
Address

Sunny Isles, Miami, FL 33160

\_\_\_\_\_  
City/State and Zip Code

j-nathalie@bbox.fr

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

For further information concerning this matter, please call:

Nathalie JAHIDI

786

308 9450

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

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

FILED  
2017 AUG 14 PM 3:29  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

CHAT-NEL 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 04/24/2017 and assigned Florida document number L17000089576.

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:**

337 Poinciana Island Drive, Unit 1007

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

Sunny Isles, Miami, FL 33160

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

337 Poinciana Island Drive, Unit 1007

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

Sunny Isles, Miami, FL 33160

**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: Nathalie JAHIDI

New Registered Office Address: 337 Poinciana Island Drive, Unit 1007  
*Enter Florida street address*

Sunny Isles, Miami, Florida 33160  
*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



2011  
STATE OF FLORIDA  
ALL RIGHTS RESERVED

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STATE WITNESS  
JALANABSEETI GRID

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C

(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.

(b) The 90th day after the record is filed.

Dated August 8th 2017

Signature of a member or authorized representative of a member

Nathalie JAHODI

Typed or printed name of signee