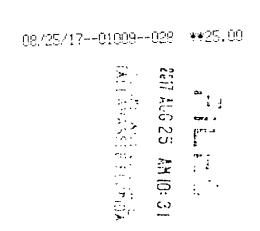
## U1000089576

(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:





800302549678



J. HARRIS

## **COVER LETTER**

	gistration Sec vision of Corp					
èu <b>n ir</b> ot.	CHAT-NEL					
SUBJECT		Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub	_			
		Mrs. Nathalie JAHIDI				
			Name of Person			
		CHAT-NEL LLC				
Firm/Company						
		16850 Collins Ave, Suite	112-540			
			Address	-		
		Sunny Isles Beach, FL 331	60			
			City/State and Zip Code			
		j-nathalie@bbox.fr  E-mail address: (	to be used for future annual report notif	leation)		
For further:	information co	oncerning this matter, please ca	·			
Mrs. Natha	lie JAHIDI		786 308 9450			
	Name of	Person	at () Area Code Daytime	Telephone Number		
Enclosed is	a check for th	e 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

CHAT-NEL LLC						
( <u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appears Jability Company)	on our records,)		_	
	ility Company	were filed on $\frac{04/7}{2}$	24/2017	and	assigne	ed
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)  Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX  Sunny Isles Beach, FL 33160						
and assigned orida document number 1.1700089576  This amendment is submitted to amend the following:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the abbreviation "LLC" or the abbreviation "LLC".  There new principal offices address, if applicable:  Thin inter new mailing address MUST BE A STREET ADDRESS)  The new mailing address, if applicable:  The new mailing address, if applicable:  The new mailing address, if applicable:  The new mailing address MAY BE A POST OFFICE BOX)  The new mailing address on our records, enter the name of the new gistered agent and/or the new registered office address on our records, enter the name of the new gistered agent and/or the new registered office address here:						
he new name must be distinguishable and contain the word	ds "Limited Liabil	ity Company," the de	signation "LLC" or the	abbreviation	"L.L.C.	••
Enter new principal offices address, if applicab	le:	16850 Collins A	ve, Suite 112-540			
		Sunny Isles Beac	ch, FL 33160	<b>₽</b>	22	
				<u> </u>		Charge.
Enter new mailing address, if apolicable:		16850 Collins Av	ve. Suite 112-540	)	$\sim$	
	<i>DX</i> )	Sunny Isles Beac	ch, FL 33160			<u> </u>
	amend the following:  the new name of the limited liability company here:  and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  dress, if applicable:  TREA STREET ADDRESS)  applicable:  OST OFFICE BOX)  16850 Collins Ave. Suite 112-540  Sunny Isles Beach, FL 33160  Sunny Isles Beach, FL 33160  Sunny Isles Beach, FL 33160  According to the new weregistered office address on our records, enter the name of the new weregistered office address here:					
	e address her	<u>e</u> :	our records, enter	r the nan	ne of	the ne
	16850 Collins	Ave Suite 112-540				
New Registered Office Address:			da street address			
	Sunny Isles Bea	ach	e address on our records, enter the name of the solution of th			
		Ciţ		Zip Co	de	

## 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>	Type of Action
AMBR	Nathalie JAHIDI	16850 Collins Ave. Suite 112-540	
		Sunny Isles Beach, FL 33160	□ Remove
			Change
<del></del>			🖸 Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			Change
<del>,</del>	<del></del>		🗆 Add
			Remove
			Change D
			Remove
			∷ □ Change
<u>.                                    </u>	<del></del>		
			Remove
			Change

						<del></del>	
							<del></del>
			,	<del>-</del>			
	<del></del> _						
	_	<del></del>					
		<u>.</u>					
		<del></del>					
	<u> </u>	<del></del>	<u>.</u>				
<del></del>							
<del></del>						<u> </u>	
	<del></del>						
				· · · · · · · · · · · · · · · · · · ·			<del></del>
	<del></del>			<u>,-</u>			<del></del>
Effective date, if other than the date of filing:							
•		ate hut n	nt an effec	tive time, a	nt 12:01 a.	m. on the	earlier
he record specifies a delayed e		acc, but in	oc on circo	ŕ			
he record specifies a delayed of The 90th day after the recor		2017		ŕ			
he record specifies a delayed e The 90th day after the recor				Table 1	2	IÄLLÄ	2817 /
he record specifies a delayed e The 90th day after the recor Dated August 22nd	d is filed. 	2017		ntative of a me	mber	IALTA	2817 AUG 2

Page 3 of 3

Filing Fee: \$25.00