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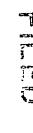




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COVER LETTER

ТО:	Registration S Division of Co			
C-1245-145	CHROME	EROSE AUTOMOTIVE		
SUBJE	CT:	Name of Lin	niled Liability Company	 .
The enc	Hosed Articles of	Amendment and feets) are sub	omitted for filing.	
Please i	ctum all corresp	ondence concerning this matter	to the following:	
		JOEL ANGOUAND		
			Name of Person	
		CHROME ROSE AUTO:	HOTIVE	
			Firm Company	
		215 W STATE RD 84		
			Address	
		FORT LAUDERDALE, F		
		INFO@CHROMEROSEA	City State and Zip Code	
		E-mail address: (to be used for future annual report notif	(calion)
For furth	her information c	concerning this matter, please c	ull	
JOEL A	ANGOUAND		954 525-6861 	
	Name c	r Person	Area Code Daytime	· Telephone Number
Enclosed	d is a check for t	he following amount:		
□ \$25.	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,000 Frling Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy raddmond copy is anclosed

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Chifton Building 2001 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHROME ROSE AUTOMOTIVE, LLC	_	
(Name of the Limited Liability (A Florida I	Company as It now appears on our reco limited Liability Company)	<u>ords.</u>)
The Articles of Organization for this Limited Liability Co.	mpany were filed on	and assigned
Florida document number 1.17000194090		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	ed llability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "Li	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	<u> </u>
Principal office address MUST BE A STREET ADDRE	<u> </u>	<u> </u>
		27 PM
Enter new malling address, if applicable:	_	SS TO THE
Mailing address MAY BE A POST OFFICE BOX)		-1.
 If amending the registered agent and/or registe egistered agent and/or the new registered office addre 	ered office address on our recoress here:	rds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florala street addi	(Ex)
· · ·		Florida
	(4)	Florida 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.

14 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
MGR	RAFFENA SINGH	1400 NW 108TH AVE	
		PLANTATION, FL 33322	
			☐ Change
			🗖 Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
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		waa aa	O Add
		-	□ Remove
			Change
		<u></u>	□ Add
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			☐ Change
			□ Add
			Remove
			☐ Change

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0.00		
Effective date, if other than the date is listed, the date is Note: If the date inserted in this document's effective date on the	oust be specific and cannot be prior to date of block does not meet the applicable state	(optional) filling or more than 90 days after filling.) Pursuant to 1005,0207 (3) attory filling requirements, this date will not be listed as the
the record specifies a delay) The 90th day after the re	ed effective date, but not an efecord is filed.	fective time, at 12:01 a.m. on the earlier of:
Dated 8/23	2019	

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Typed or printed name of signee

Filling Fee: \$25.00