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Certified Copies	Certificates	of Status
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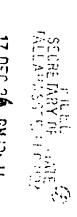
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FILING CANCELLED RETURNED CHECK



COVER LETTER

TO:

Registration Section Division of Corporations

FILING CANCELLED RETURNED CHECK

BJECT:	CHAPER LLC
BJEC1:	Name of Limited Liability Company
he enclosed	Articles of Amendment and fee(s) are submitted for filing.
lease return	all correspondence concerning this matter to the following:
	Alfredo E. Cabral
	Name of Person
	Cabral Accountants & Associates
	Firm/Company
	31 SE 5th Street, Ste 312
	Address
	Miami, Florida 33131
	City/State and Zip Code
	ac.cpa@live.com
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
Alfredo Cab	at ()
	Name of Person Area Code Daytime Telephone Number

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS: Registration Section

□ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILING CANCELLED RETURNED CHECK

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHAPER LLC		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD.	RESS)	
Trincipal Office dames, NOW DE TOTALET HOD.	112307	-
		982 - 174 -
Enter new mailing address, if applicable:		P
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
maning united many many many		=
B. If amending the registered agent and/or registered agent and/or the new registered office ado		nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Floric	ia
	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

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

FILING CANCELLED RETURNED CHECK

<u>Title</u>	Name	Address	Type of Action
AMBR	JULIA MONTILLA DE PAEZ	2001 MERIDIAN AVENUE	
		APT, 307	■ Remove
		MIAMI BEACH, FL 33139	Change
MGR	JULIA MONTILLA DE PAEZ	2001 MERIDIAN AVENUE	Add
		APT. 307	Remove
		MIAMI BEACH, FL 33139	Change
			□ Add
			□ Remove
			Change
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ective date, if other than the	date of filing:	(optional)
reflective date is listed, the date must te: If the date inserted in this blo	be specific and cannot be prior to date of filing or more than ck does not meet the applicable statutory filing requir	90 days after filing.) Pursuant to 605.0 rements, this date will not be listed
rument's effective date on the De	partment of State's records.	The same with the be tiblee
record specifies a delayed he 90th day after the reco	effective date, but not an effective time, and is filed.	t 12:01 a.m. on the earlier
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ed	2017 : (
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00