

1/8/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: account name : PLANS (BUSINESS SOLUTIONS), INC.
Account Number : 128078888045
Phone : (850)375-1852
Fax Number : (850)333-1876

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CHANIA GROUP, LLC

Certificate of Status	0
Certified Copy	0
Filing Costs	01
Estimated Charge	\$25.00

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JAN 10 2020

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2020 JAN -9 AM 11:27

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2020 JAN -9 AM 11:59

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
BUSINESS SOLUTIONS
CORPORATE SERVICES

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHANIA GROUP LLC
(Name of Corporation)

DOCUMENT NUMBER: L1800000888

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

EDUARDO MIRALLES
(Name of Person)

MBS INC
(Name of Firm/Company)

1651 SANDY SPRINGS DR
(Address)

FLEMING ISLE, FL 32003
(City/State and Zip Code)

For further information concerning this matter, please call:

EDUARDO MIRALLES at 788 648-4480
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

CHANIA GROUP 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 05/04/2018 and assigned
Florida document number L18000009899

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)

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:

New Registered Office Address:

Enter Florida street address

City, 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.

If Changing Registered Agent, Signature of New Registered Agent

2020 JAN -9 AM 11:27

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[illegible]

