

L18000060788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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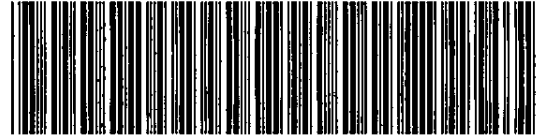
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
MAR 30 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chaplin Performance 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:

Silenna Quiles
Name of Person

Firm/Company

2652 MICHIGAN AVE STE B
Address

HISSIMMEE FL 34744
City/State and Zip Code

ChaplinPerformance@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Silenna Quiles at (787) 219-9764
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**

Charulin Performance 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 03/07/2018 and assigned
Florida document number L18000060788

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:

(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:

SOLGE JARRAZA

1606 JUNE ST

Enter Florida street address

MIAMI

City

Florida

33146

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

MGR = Manager
AMBR = Authorized Member

NAME	ADDRESS	CITY	STATE	ZIP	PHONE	EMAIL	STATUS
UGR	JILEANNA QILES	40 LAS BRISAS CR CT					☒ Add
		PLISSIMETH 34743					☐ Remove

MGR NELSON A ALEMAN 40 LAS BRISAS CT ☐ Add
PLISSIMETTE A 34743 ☐ Remove

18 APR 20 1964
SECRETARY OF STATE
PLANNING OFFICE
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APR 20 1964
AM 34
Change
Add
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WASHINGTON, D.C.

FILED
MAR 26 AM 8 34
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LIBRARY OF THE
U.S. DEPARTMENT OF
THE ARMY

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.

Dated 03/26/2018, _____

Jileanna Quiles
Typed or printed name of signer