

218000118357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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400318084354

09/10/18--01032--018 **25.00

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CLERK OF COURT
HALL COUNTY, INDIANA

BY SIMMONS
SEP 13 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHOPS AND HOPS, 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:

William C. Rusch

Name of Person

CHOPS AND HOPS, LLC

Firm/Company

1462 SW 18th Terrace

Address

Fort Lauderdale, FL 33312

City/State and Zip Code

info@chopsandhopsfl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William C. Rusch

954 829-7463
at ()

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

CHOPS AND HOPS, LLC

The Articles of Organization for this Limited Liability Company were filed on 5/11/2018 and assigned Florida document number L18000118357

A. If amending name, enter the new name of the limited liability company here:

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

_____, Florida _____
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	BENJAMIN C. WALTON	412 SE 15TH STREET #4	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WILLIAM C. RUSCH	10871 NW 5TH ST	<input type="checkbox"/> Add
		PLANTATION, FL 33324 (NO CHANGE IN ADDRESS)	<input type="checkbox"/> Remove
		CHANGE FROM MGR TO AMBR	<input checked="" type="checkbox"/> Change
AMBR	RYAN C. LAVERNIA	1462 SW 18TH TERRACE	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33312 (NO CHANGE IN ADDRESS)	<input type="checkbox"/> Remove
		CHANGE FROM MGR TO AMBR	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


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18

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(b) The 90th day after the record is filed.

 9/6/18
Signature of a member or authorized representative of a member
WILLIAM C. BUSCH

Typed or printed name of signee