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Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer.		
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COVER LETTER

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TO: Registration Section Division of Corporations

presion of Corporation

Charis Optical LLC

SUBJECT:

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:

Barbara Dubois Brutus

Name of Person

Charis Optical, LLC

Firm/Company

14870 SW 149th Street

Address

Miami FL 33196

City/State and Zip Code

BRBDBS@YAHOO.COM

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

For further information concerning this matter, please call:

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 radditional 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

T ARTICLES OF O	AMENDMENT O ORGANIZATION OF	
<u>Charis</u> OPtice (<u>Name of the Limited Liability Comp</u> (A Florida Limited	LL LLC any as it now appears on our record Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000156831</u> .	were filed on June 27, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :	
N/A		
The new name must be distinguishable and contain the words "Limited Liab	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	7 23
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	N/A	
New Registered Office Address:	N/A	
·Q	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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

<u>a</u> :--

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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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A			LibA 🗆 D Add
		<u></u>	
		····	Change
			D Add
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			🖸 Add
			🛛 Add
			Remove
			Change

D. If amending any other information, enter change(s) her	e: (Attach additional sheets, if necessary.)
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Members interest change/change in ownership percentages Please see below for new interests.

New interest should be as follows:

Barbara Dubois Brutus will change from 50% interest to now 95% interest.

Gracia Francois Brutus will change from 50% interest to now 5% interest.

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07/06/2018	25
07/06/2018	(antional)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 07/06/2018	9:00AM	
20to	Desuth and	draw Bulles
	Senture of a member or duthorized repre	sentimize of a member
Barbara Dubois Brutus	and Gracia Francois Brutus	/
	Typed or printed name of	signee

Page 3 of 3

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Filing Fee: \$25.00