

L19000 227 735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

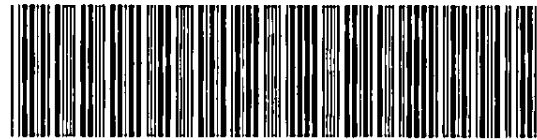
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/30/19--01032--027 **25.00

2019 SEP 30 AM 9:02
TALLAHASSEE FL

FILED

OCT 17 2019
TALLAHASSEE FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CHC AMERICA 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:

ANNALISA CIAPPARELLI
Name of Person
CHC AMERICA LLC
Firm/Company
13499 BISCAYNE BOULEVARD STE TS-1
Address
NORTH MIAMI, FL 33181
City/State and Zip Code

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

For further information concerning this matter, please call:

SANTE VINCENZI 305 342-1242
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

CHC AMERICA 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 09/09/2019 and assigned Florida document number 1,19000227735.

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:

13499 BISCAYNE BOULEVARD STE TS-1

(Principal office address MUST BE A STREET ADDRESS)

NORTH MIAMI, FL 33181

Enter new mailing address, if applicable:

13499 BISCAYNE BOULEVARD STE TS-1

(Mailing address MAY BE A POST OFFICE BOX)

NORTH MIAMI, FL 33181

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:

BUSINESS ASSISTANCE INC

New Registered Office Address:

13499 BISCAYNE BOULEVARD STE TS-1

Enter Florida street address

NORTH MIAMI

City

Florida 33181

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>
MGR	ANNALISA CIAPPARELLI	13499 BISCAYNE BOULVARD STE TS-1	<input checked="" type="checkbox"/> Add
		NORTH MIAMI, FL 33181	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

(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)

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.



Signature of a member or authorized representative of a member

ANNALISA CIAPPARELLI MGR

Typed or printed name of signee