## L21000313182

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

Registration Section

TO:

| Division of Co  | rporations                                   |  |  |
|---|--|--|--|
| CHANEL SUBJECT:   | GROUP, LLC, a Florida limite                 | d liability company  |  |
| SUBJECT:  | Name of Lim                                  | ited Liability Company   |  |
| The enclosed Articles o   | f Amendment and fee(s) are sub               | mitted for filing.   |  |
| Please return all corresp   | ondence concerning this matter               | to the following:  |  |
|   | Robert Rochlin                               |  |  |
|   |  | Name of Person   |  |
|   | Chanel Group, LLC                            |  |  |
|   |  | Firm/Company   | <del></del>  |
|   | 14502 N Dale Mabry Hwy                       | · #200   |  |
|   |  | Address  |  |
|   | Tampa, Florida 33618                         |  |  |
|   |  | City/State and Zip Code  |  |
|   | robrochlin@gmail.com                         |  | •  |
|   | E-mail address: (                            | to be used for future annual report noti   | fication)  |
| For further information   | concerning this matter, please co            | all:   |  |
| Robert Rochlin  |  | 813 948-0999<br>at ( )   |  |
| Name  | of Person                                    |  | e 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 Addre<br>Registration<br>Division of<br>P.O. Box 63<br>Tallahassee, | Section<br>Corporations<br>27                | Street Address: Registration Second Division of Core The Centre of Tallahassee, FL | porations<br>fallahassee<br>e Street, Suite 810  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHANEL GROUP, LLC, a Florida limited liability company (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  $\frac{07/08/2021}{1}$ and assigned Florida document number L21000313182 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: Enter Florida street address , Florida \_ City

## 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 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>     | Address                         | Type of Action |
|--------------|-----------------|---------------------------------|----------------|
| MGR          | Annette Rochlin | 3903 Northdale Blvd, Suite 100E | □Add           |
|              |                 | Tampa, Florida 33624            | =Remove        |
|              |                 | <del></del>                     | □Change        |
| MGR          | ROBERT ROCHLIN  | 3903 Northdale Blvd, Suite 100E |                |
|              |                 | Tampa, Florida 33624            | □Remove        |
|              |                 |                                 | ☐Change        |
|              |                 |                                 | ⊙Add           |
|              |                 |                                 |                |
|              |                 |                                 | ☐Change        |
|              |                 |                                 | □Remove        |
|              |                 |                                 | Change         |
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|              |                 |                                 | □Change        |

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| ctive date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or more:  If the date inserted in this block does not meet the applicable statutory filing ament's effective date on the Department of State's records. | (optional) re than 90 days after filing.) Pursuant to 605, requirements, this date will not be liste |
| ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. or filed.   | n the earlier of: (b) The 90th day after   |
| ed May 10 , 2023 .   |  |
| λ //   | of a member  |