

M00000000 986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

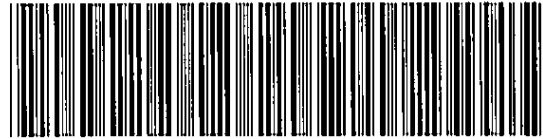
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 SEP 16 PM 3:15



Stephen M. Minardi
Staff Attorney
Attorney at Law
Admitted in New York

September 13, 2019

Via FedEx

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: *Articles of Amendment to Foreign Registration Statement*
 CHA Tech Services, LLC

Dear Sir or Madam:

I am submitting the following in order to change the management structure and managers of CHA Tech Services, LLC:

1. Cover Letter;
2. Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida; and
3. A company check in the amount of \$25.00 representing the filing fee.

Please provide confirmation once the above form has been processed and the change has been effected with the State of Florida. If you have any questions, please feel free to contact me at (518) 453-2886 or by e-mail at sminardi@chacompanies.com.

Very truly yours,

A handwritten signature in black ink, appearing to read 'S. Minardi', is written over the typed name.

Stephen M. Minardi
Staff Attorney

Encl.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHA TECH SERVICES, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tom Titsworth

Name of Person

CHA Consulting, Inc.

Firm/Company

3 Winners Circle

Address

Albany, NY 12205

City/State and Zip Code

cpyle@chacompanies.com

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

For further information concerning this matter, please call:

Tom Titsworth

Name of Person

at (518) 453-4583

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: CHA TECH SERVICES, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M00000000986

3. Jurisdiction of its organization: New York

4. Date authorized to do business in Florida: 05/22/2000

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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Atlanta, GA 30309  Remove

Albany, NY 12205 ☐ Remove

Albany, NY 12205 ☒ Remove

☐ Remove

☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

the law of which this entity is organized.

Signature of the authorized representative

Michael A. Platt

Typed or printed name of signee

Filing Fee: \$25.00