

M23000004225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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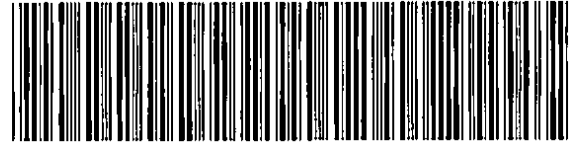
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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UNITED STATES DEPARTMENT OF COMMERCE

2007 OCT 17 PM 9:46  
FBI/DOJ

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Chanel Ford optics 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:

Shellnell Pettiford  
Name of Person

D.B.A. Treasure Ford optics  
Firm/Company

4239 W. Commercial Blvd.  
Address

Tamara, FL 33319  
City/State and Zip Code

TreasureFordoptics@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shellnell Pettiford at (754) 224-0594  
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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: Chanel Ford optics LLC

Enter new principal office address, if applicable: 4239 W. Commercial Blvd

(Principal office address  
MUST BE A STREET ADDRESS)

Tamarac, FL 33319

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: M230000004223

3. Jurisdiction of its organization: New York City

4. Date authorized to do business in Florida: 4-4-23

**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: 4239 W Commercial Blvd,

Enter Florida Street Address

Tamarac, Florida 33319  
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.*

Address only  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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>
<u>MBR</u>	<u>Promise Williams</u>	<u>2845 S Oakland Forest</u> <u>drive, Oakland PK, FL 33309</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MBR</u>	<u>Shawn Williams</u>	<u>2845 S Oakland</u> <u>Forest drive, Oakland</u> <u>PK FL 33309..</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Sharon Jones</u>	<u>1061 Dean St</u> <u>Brooklyn NY 11216</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Emamb Brown</u>	<u>1061 Dean St</u> <u>Brooklyn, NY</u> <u>11216</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> 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.

Shellnell Pettiford  
Signature of the authorized representative

Shellnell Pettiford  
Typed or printed name of signee

Filing Fee: \$25.00