

L15000150226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

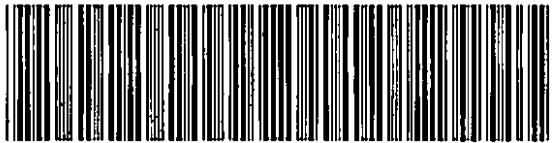
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
18 MAR - 5 PH 7:09

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EQUITIES CHARTER, 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:

ANDRES ARRAZOLA

Name of Person

EQUITIES CHARTER, LLC

Firm/Company

15294 SW 104 STREET # 10-21

Address

MIAMI, FLORIDA 33196

City/State and Zip Code

AARRA001@FIU.EDU

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

For further information concerning this matter, please call:

ANDRES ARRAZOLA

786

344-5813

at ()

Name of Person

Area Code

Daytime 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 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**

EQUITIES CHARTER, 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 09/09/2015 and assigned Florida document number L15000150226.

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)

15294 SW 104 STREET, APARTMENT 10-21
MIAMI, FLORIDA 33196

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

15294 SW 104 STREET, APARTMENT 10-21
MIAMI, FLORIDA 33196

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18 MAR -5 PM 7:09

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:

15294 SW 104 STREET, APARTMENT 10-21

Enter Florida street address

MIAMI

Florida 33196

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

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	ANDRES ARRAZOLA	15294 SW 104 STREET	<input type="checkbox"/> Add
		APARTMENT 10-21	<input type="checkbox"/> Remove
		MIAMI, FLORIDA 33196	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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