# 104000020909

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## COVER LETTER . .

TO:	Registration Se Division of Cor		·	·				
SUBJI		rseas Company, LLC						
3000		Name of Lim	ited Liability Company					
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please	return all correspo	ndence concerning this matter	to the following:					
		Alberto H. San Miguel						
		· · · · · · · · · · · · · · · · · · ·	Name of Person					
		French Overseas Company	, LLC					
			Firm/Company					
	`	104 Crandon Blvd., Suite 2	323					
			Address					
		Key Biscayne, FL 33149						
			City/State and Zip Code					
			1artusanmiguel@hotmail.com					
		E-mail address: (	to be used for future annual report notifi	cation)				
For fur	ther information co	oncerning this matter, please ca	all:					
Martin	a San Miguel		786 262-2458 at ( )					
	Name of	f Person		Telephone Number				
Enclos	ed is a check for th	ne following amount:						
<b>\$</b> 2	5.00 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

French Overseas Company, LLC			
( <u>Name of the Limited Liah</u> (A Flor	oility Company as it now appears on our rida Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liability	Company were filed on $\frac{03/17/2004}{}$		_ and assigned
Florida document number L04000020909			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and contain the words "L	.imited Liability Company," the designation	"LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	manufacture of the specific sp		
Principal office address MUST BE A STREET ADI	DRESS)		
		<u> </u>	CF3
		23	***************************************
Enter new mailing address, if applicable:		:::\ <u>``</u>	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		79	חו
		STA	<i>2</i> 2
		DA F	-
3. If amending the registered agent and/or reg	gistered office address on our re ddress here:	cords, enter the	e name of the
	<u></u>		
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

• 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>	Name	Address	Type of Action
P	Alberto San Miguel	104 Crandon Blvd. 323	
		Key Biscayne FL 33149	■ Remove
MGR	Martina San Miguel	104 Crandon Blvd. #323	<b>■</b> Add
		Key Biscayne FL 33149	□ Remove
			Change
			Add
			□ Remove
			Change
·			Remove
			Change
			□ Remove
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			High control
			Change

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