## L06000001395

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	: #)
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## **COVER LETTER**

Division of Con French Ent	tertainment LLC				
OUD THOM	Name of Lim	· · ·			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Alberto H San Miguel				
		Name of Person			
	French Entertainment LLC				
	Firm/Company				
			कं	ALL:	
	Key Biscayne, Florida, 33149			DEC -8	NIE TA
	martusanmiguel@hotmail.c	City/State and Zip Code		7	第4 四年
	E-mail address: (	to be used for future annual report notifi	cation)	2: (	23
For further information of	concerning this matter, please c	all:		90	(C)
Martina San Miguel		786 2622458			
Name o	of Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for t	he 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 Sta Certified Copy (additional copy is en	itus &	
Da a II	INC ADDRESS.	STREET/COURT	ED ADDRESS.		

MAILING ADDRESS:

**Registration Section** 

TO:

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

## TO ARTICLES OF ORGANIZATION OF

French Entertainment LLC		
( <u>Name of the Limited Liability Company a</u> (A Florida Limited Liab	as it now appears on our reco	<u>rds.</u> )
The Articles of Organization for this Limited Liability Company we L06000001395	01/04/2006	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	,	
(Principal office address MUST BE A STREET ADDRESS)		38
-		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		رئي سي
_		<u> </u>
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our recor	ds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
	, ]	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

## or removed from our records:

MGR = Manager

MIGK =	Manager	
AMBR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
Pres	Alberto H San Miguel	104 Crandon Blvd. Ste 323	□ Add
		Key Biscayne, FL, 33149	
			■ Remove
			Change
MGR	Martina San Miguel	104 Crandon Blvd. Ste 323	<b>_</b> Add
		Key Biscayne, FL, 33149	☐ Remove
			Change
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an effective d lote: If the	te, if other than the date is listed, the date me date inserted in this leffective date on the	ust be specific and olock does not a	d cannot be prior to meet the applicab	date of filing or le statutory fil	more than 90 day	( <b>optional)</b> ys after filing.) Pun ts, this date will	suant to 605.020 not be listed a
e record s The 90th	specifies a delayed day after the re	ed effective of cord is filed.	date, but not	an effective	time, at 12	:01 a.m. on t	he earlier o
ated	12/2		2016		X		
A	lberto H San Miguel		member or authori	zed representati	ve of a member	)	

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Filing Fee: \$25.00