

L 11000064596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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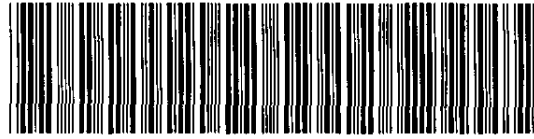
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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B. BOSTICK

FEB 27 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MM ARCHITECTE SARL, 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:

MAXIME LAPOINTE / MAUDE LAPOINTE
Name of Person

MM ARCHITECTE SARL, LLC
Firm/Company

c/o 909 E. Las OLAS BWD
Address

Fort LAUDERDALE, FL 33301
City/State and Zip Code

nlo@mmarchitecte.ch / maxime.lapointe@hotmail.ch
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

LAPOINTE MAXIME at (141) 771 868 5912
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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MM Architecte SARL 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 6/2/2011 and assigned Florida document number L11000064596

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 end with 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)

C/O 909 E. LAS OLAS BLVD
FORT LAUDERDALE FL 33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O 909 E. LAS OLAS BLVD
FORT LAUDERDALE
FL 33301

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:

PATRICIA VARLEY

New Registered Office Address:

C/O 909 E. LAS OLAS BLVD

Enter Florida street address

FORT LAUDERDALE, Florida FL 33301

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 608, 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.

Patricia Varley
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MAXIME LAPOINTE	c/o 909 E LASOLAS BVD FORT LAUDERDALE FL 33301	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MAUDE LAPOINTE	909 E LASOLAS BVD FORT LAUDERDALE FL 33301	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	PATRICIA VARLEY	c/o 909 E LASOLAS BVD, FORT LAUDERDALE, FL	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 15. FEBRUAR . 2013



Signature of a member or authorized representative of a member

LAPINTE MAXIME

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

TALLAHASSEE, FLORIDA

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