

L12000026458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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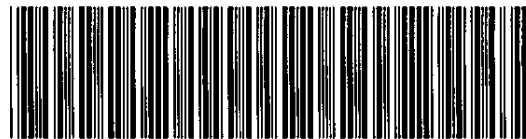
(Business Entity Name)

(Document Number)

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2012

B. BOSTICK
SEP 18 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Comme ca doit fashion design beauty supply & multi services
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:

MEDGINE BENOIT

Name of Person

comme ca doit fashion design beauty supply & multi services

Firm/Company

4030 TAMIAMI TRAIL, SUITE D

Address

PORT CHARLOTTE, FL 33952

City/State and Zip Code

edbenoit1@comcast.net

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

For further information concerning this matter, please call:

Ed Benoit

Name of Person

at (**941**)

623-6866
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**

COMME CA DOIT FASHION DESIGN & BEAUTY SUPPLY, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

06/27/2012

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L 12000026458.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Comme Ca Doit Fashion Design, Beauty Supply & Multi Services, LLC.

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)

4030 TAMIAMI TRAIL, SUITE D

PORT CHARLOTTE, FL 33952

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4030 TAMIAMI TRAIL, SUITE E

PORT CHARLOTTE, FL 33952

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:

MEDGINE BENOIT

New Registered Office Address:

7529 DRACENA

Enter Florida street address

PUNTA GORDA

City

, Florida

33955

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.



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>
✓ MGRM	MEDGINE BENOIT	7529 DRACENA PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
✓ MGR	IMA BENOIT	7529 DRACENA PUNTA GORDA, FL 33955	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
✓ MGR	RENOLD SANON	11 THURLOW DRIVE BOYNTON BCH, FL 33426	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
✓ MGR	MAGENA SANON	11 THURLOW DRIVE BOYNTON BCH, FL 33426	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
✓ MGRM	EDMOND BENOIT	7529 DRACENA PUNTA GORDA, FL 33955	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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Dated 09/12/2012



Signature of a member or authorized representative of a member

MEDGINE BENOIT
Typed or printed name of signer