

L12 000043986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

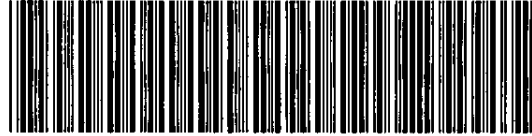
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** C'EST LA VIE INVESTMENT PROPERTIES, 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:

JOANNE FARRAR  
Name of Person  
ACCOUNTING & TAX OFFICE  
Firm/Company  
12773 W. FOREST HILL SUITE 1201  
Address  
WELLINGTON, FL 33414  
City/State and Zip Code  
joanne@wellingtoncpa.net  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL 32301

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For further information concerning this matter, please call:

JOANNE FARRAR at (561) 790-2092  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$10.00 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  
Cotton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



**If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	JOANNE FARRAR	12773 W. FOREST HILL SUITE 1201	<input checked="" type="checkbox"/> Add
		WELLINGTON FL 33414	<input type="checkbox"/> Remove
AMBR	AARON TAYLOR	235 CYPRESS TRACE	<input checked="" type="checkbox"/> Add
		ROYAL PALM BEACH FL 33411	<input type="checkbox"/> Remove
MGR	DAVE FARRAR	12773 W. FOREST HILL SUITE 1201	<input checked="" type="checkbox"/> Add
		WELLINGTON FL 33414	<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.)*

N/A

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

*(The effective date must be specific; cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)*

Dated 11/12/11 2014

*Joanne Farrar*  
Signature of a member or authorized representative of a member

JOANNE FARRAR

Typed or printed name of signee

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