

L/2000/13184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

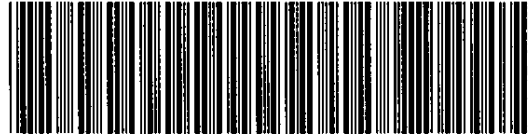
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT
OCT 22 2012
EXAMINER

Office Use Only



300240958353

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

OCT 19 PM 3 18

FILED

10/19/12--01022--003 **60.00

COVER LETTER

**TO: Registration Section
Division of Corporations**

Mali Floride LLC

SUBJECT: _____
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:

Ahpaly Coradin, Esq.

Name of Person

Coradin Law P.A.

Firm/Company

999 Brickell Ave Suite 820

Address

Miami, FL 33131

City/State and Zip Code

ahpaly@coradinlaw.com

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

For further information concerning this matter, please call:

Ahpaly Coradin

Name of Person

at (**305**)

421-1085

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

*Note: Please use enclosed
express envelope -*

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2012 OCT 19 PM 3 10

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Mali Floride 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 9/4/2012 and assigned
Florida document number L12000113184.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2012 OCT 19 PM 3:18
TALLAHASSEE FLORIDA

FILED

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: _____

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 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	Andre Farget	626 rue Hector Berlioz 01480 Beauregard, France	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Eric Korchia	160 W Camino Real Suite 286 Boca Raton, FL 33432	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated October 18, 2012

Abpaly Geradin

Signature of a member or authorized representative of a member

Abpaly Geradin, Esq.
Typed or printed name of signee

2012 OCT 19 PM 3:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED