

L13000125691

(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

Office Use Only



500252264455

10/03/13--01003--003 **25.00

FILED
2013 OCT -3 AM 9:27
*REG. CLERK OF STATE
TALLAHASSEE, FLORIDA

J. PAUL BERRY
EXAMINER
OCT 7 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lemason-Croze & Associates 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:

Yaisy Linares

Name of Person

Varquez & Associates

Firm/Company

601 Brickell Key Dr #1702

Address

Miami, FL 33131

City/State and Zip Code

LA@quarquez.com

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

For further information concerning this matter, please call:

Yaisy Linares

Name of Person

at 305 371-8064

Area Code & Daytime Telephone Number

FILED
TALLAHASSEE, FLORIDA

2013 OCT -3 AM 9:27

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Lemason - Croze & Associates 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 9.5.2013 and assigned Florida document number L13000125691.

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)

FILED
2013 OCT -3 AM 9:27
TALLAHASSEE, FLORIDA

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

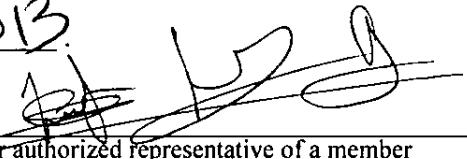
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Stephane Ioannitis	601 Brickell Key Dr. # 700	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Yohan Lagrange	Miami, Fl 33131 601 Brickell Key Dr. # 702	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		Miami, Fl 33131	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

2013 OCT -3 AM 9:27
 FULLY DIGITAL
 EAST STAMPA

2013 OCT -3 AM 9:27
 FULLY DIGITAL
 EAST STAMPA

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

Dated Sept. 30, 2013

~~_____
_____~~
ⓧ 

Signature of a member or authorized representative of a member

Julien Lemason-Croze

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 OCT -3 AM 9:27
TALLAHASSEE FL 32301
STATE OF FLORIDA

FILED