

L14000047250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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17 JUL 24 PM 1:00
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

S. WARREN
JUL 27 2017

COVER LETTER

TO: Registration Section
Division of Corporations

COGEPA US 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:

ARNAUD SITBON

Name of Person

ESJ ASSET MANAGEMENT LLC

Firm/Company

19950 W.COUNTRY CLUB DR, STE 800

Address

AVENTURA FL 33180

City/State and Zip Code

AS@ESJ.US

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

For further information concerning this matter, please call:

MARINE PECLLET

786 347 5389

at (_____) _____

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

**TO
ARTICLES OF ORGANIZATION
OF**

COGEPa US 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 03/21/2014 and assigned
Florida document number L14000047250.

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 contain 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)

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 605, 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

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MAR 24 PM 00
TALLAHASSEE
FLORIDA

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	DANIEL BENDAVID	33 AVE DU MAINE TOUR MAINE MONTPARNASSE	<input type="checkbox"/> Add
		PARIS 75015	<input checked="" type="checkbox"/> Remove
		FRANCE	<input type="checkbox"/> Change
MGR	FABIEN E. SULTAN	33 AVENUE DU MAINE TOUR MAINE MONTPARNASSE	<input checked="" type="checkbox"/> Add
		PARIS 75015	<input type="checkbox"/> Remove
		FRANCE	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

17 JUL 21 PM 00
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FLORIDA

Lined area for text entry.

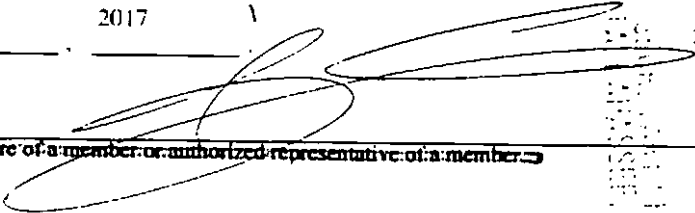
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated JUNE 7th 2017


Signature of a member or authorized representative of a member

DANIEL BENDAUID

Typed or printed name of signee

FILED
17 JUL 24 PM 1:00
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA