M 13 00 00 0 1360

(Requestor's Name)
(Address)
(Address)
(183,533)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(5)
(Document Number)
Certified Copies Certificates of Status
Charles Instructions to Filing Officer
Special Instructions to Filing Officer:

Office Use Only



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05/14/14--01006--009 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE		NEST Limited Liability	GRUP UL
Dear Si	r or Madam:		
The end	closed application, certificate and fee(s) are	e submitted for fi	ling.
Please r	return all correspondence concerning this	matter to the follo	wing:
	Patrick Mayal Name of Person		
wa	Jal accounting Source	2 Inc	
1079	76 Pines BWd # 264		
Pe	mboke Pines 12 City/State and Zip Code	33046	
MQ E-ma	Jalaccontinue 9mail address: (to be used for future adminal re	eport notification)	
For furt	ther information concerning this matter, placed the Market Name of Derson	11 (954) 1	43 3935 dytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	egistration Section vivision of Corporations O. Box 6327 allahassee, Florida 32314
	ed is a check for the following amount: Filing Fee \$\sum \$\sum\$\$ \$\sum\$\$ S30 Filing Fee & Certificate of Status	S55 Filing Fee Certified Copy	

CR2E055 (12/13)



May 14, 2014

PATRICK MOYAL 10796 PINES BLVD STE 204 PEMBROKE PINES, FL 33026

SUBJECT: ERNEST GROUP LLC Ref. Number: M13000001360

We have received your document for ERNEST GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You submitted the wrong type of form, proper forms are enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 914A00010358

Tim Burch Regulatory Specialist II

www.sunbiz.org

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE **AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State:		
2. Jurisdiction of its organization:		
3. Date authorized to do business in Florida: 05/4/2013		
SECTION II (4-7 complete only the applicable changes)		
4. New name of the limited liability company: (must contain "Limited Liability Company, ""L.L.C., "or "LLC.")		,
(If name unavailable, enter alternate name adopted for the purpose of transacting business; in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")	A CONTRACTOR OF THE PROPERTY O	
5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:		
6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: The Nor Riche	1.	
The address for Nathalie Marechal and Pakick Loison is 70 I Klein ETTELBRUCK L 9054 ZU 7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized. Senature of the authorized representative		de
Typed or printed name of signee		

Filing Fee: \$25.00