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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies		s of Status
Special Instructions to	Filing Officer.	
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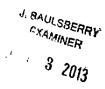
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

CLEMENCEAU INVESTMENT, 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:

SEBASTIEN KIELWASSER

Name of Person

CLEMENCEAU INVESTMENT LLC

Firm/Company

927 LINCOLN RD, STE 200

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

LATTES@COMCAST.NET

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

For further information concerning this matter, please call:

JEAN CLAUDE LATTES

Name of Person

786 999-8300

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

Q\$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

CLEMENCEAU INVESTMENT, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our reited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Com	pany were filed on APRIL 16, 2	2013 and assigned
Florida document number L13000055931		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	liability company here:	
The new name must be distinguishable and end with the words	'Limited Liability Company," the de	signation "LLC" or the abbreviation
"L.L.C."		28
Enter new principal offices address, if applicable:	<u> </u>	2013
(Principal office address MUST BE A STREET ADDRES	<u></u>	
		32 S
	· · · · · · · · · · · · · · · · · · ·	70 7
Enter new mailing address, if applicable:		T S W
(Mailing address MAY BE A POST OFFICE BOX)		9 9 5
Maung dutiess MAT BE A FOST OFFICE BOA		
B. If amending the registered agent and/or registere	ed office address on our record	ds enter the name of the new
registered agent and/or the new registered office address		is, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Futar Florid	a street address
	Enter Florida	i sireei daaress
		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 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> Name <u>Address</u> **Type of Action 8 PLACE DE LA VICTOIRE** MGR SEBASTIEN KIELWASSER SELESTAT, FR. 67600 FR **RUE DE LA REDOUTE** 2JK MGR SELESTAT, FR 67600 (FRANCE) Remove Remove

). If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	MAY 28 2013
	Signature of a member or authorized representative of a member
	JEAN CLAUDE LATTES
	Typed or printed name of signee
	Page 3 of 2

Filing Fee: \$25.00

FILED

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