

L180000292175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

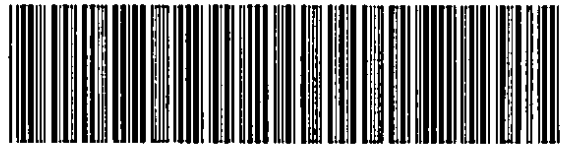
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2021 DEC 17 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FL 32399

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MADAME DISTRIBUTION, 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:

MANARUM LHERISSON
Name of Person

MADAME DISTRIBUTION, LLC
Firm/Company

2230 SW 70TH AVE SUITE 5
Address

DAVIE, FL 33317
City/State and Zip Code

manarumlherisson@yahoo.com
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

ELIE, ANNE MELISSA at (786) 320-3789
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

FILED

SECRETARY OF STATE

~~SPILLAGE~~ 11-10-11

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	PIERRE, GREGORY	2230 SW 70TH AVE SUITE 5	<input checked="" type="checkbox"/> Add
		DAVIE, FL 33317	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PROPHETE , MAGGALIE	2230 SW 70TH AVE SUITE 5	<input checked="" type="checkbox"/> Add
		DAVIE, FL 33317	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ELIE, GREGORY	2230 SW 70TH AVE SUITE 5	<input checked="" type="checkbox"/> Add
		DAVIE, FL 33317	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

2021

Dated _____, _____,

[Handwritten signature]

MANARUM LHERISSON

Typed or printed name of signee