

100000013085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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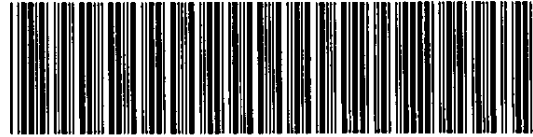
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MICHEL, L.L.C.

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:

Carolina Gorman

Name of Person

Law Offices of Carolina Gorman, P.A.

Firm/Company

1709 NE 24 Street

Address

Wilton Manors, FL 33305

City/State and Zip Code

gormancarolina@aol.com

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

For further information concerning this matter, please call:

Carolina Gorman

Name of Person

at (954) 465 4890

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

check # 2454

☐ \$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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MICHEL, L.L.C.

(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 10/25/2000 and assigned  
Florida document number L00000013085.

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)**

**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	ROGGENBUCK, Klaus	1750 S. Ocean Lane	<input type="checkbox"/> Add
		#118	<input checked="" type="checkbox"/> Remove
		Fort Lauderdale, FL 33301	
MGR	ROGGENBUCK, Klaus	1750 S. Ocean Lane	<input checked="" type="checkbox"/> Add
		#118	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33301	
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

Article VII - Management: is hereby stricken in its entirety

and replaced as follows: The responsibility for managing the business  
and affairs of the Company shall be vested in the Manager, who  
may also be a Member, but is not required to be a Member.

Dated October 31, 2013

*Carolina Gorman*

Signature of a member or authorized representative of a member

Carolina Gorman

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA