L04000041637

	(Requestor's Name)	
	(Address)	
	(Address)	
 	(Address)	
	(City/State/Zip/Phone #)	
	(,,,	
PICK-UI	P WAIT	MAIL
	٠	
	(Business Entity Name)	•
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	s to Filing Officer:	
		i
		1/12/0
	Office Use Only	Tist
	•	



900041703479

10/25/04--01023--003 **25.00

ALLABASSEE, FLO

4 OCT 25 AH 10: 20

TRANSMITTAL LETTER

TO: Registration S Division of Co				
SUBJECT:	Fab Product. (Name of Lin	mited Liability Company)		
The enclosed Articles of	of Amendment and fee(s) are sub	bmitted for filing.		
Please return all corres	pondence concerning this matter	r to the following:		
	Franck Alb	Name of Person)		
	Fab Production	Firm/Company)		
<u> 150</u>	7 Bay Road	Lsuite 533 (Address)	Po .	
	Mami Beach	State and Zip Code)	J4 OCT 25	
For further information	concerning this matter, please c	eall:		m
Franck	(Name of Person)	at (<u>305</u>) <u>469</u> (Area Code & Daytime	83 8 2 20 e Telephone Number)	
Enclosed is a check for the	e 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 enclose	ed)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Present Name)
(A Florida Limited Liability Company)

FIRST: T	The Articles of Organization were filed on 06/03/04 and assigned locument number 4040004/637.
	The following amendment(s) to the Articles of Organization was/were adopted by the limited iability company:
The	purpose of this amendment N°1
to R	egistration Statement is solely to add
- Ann	e-Joelle LORDA, 7601 E Treasure Drive Apt #718, Miami Beach, FL 3314
as	a MGRM of the limited liability company
Dated	10/20/04 ASSEE, FLORIGO 20
_	Signature of a member or authorized representative of a member
_	Franck Albert Braline Typed or printed name of signee.

Filing Fee: \$25.00