## 6060000 86190

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

Office Use Only



800079757508

09/18/06--01038--015 \*\*25.00

2016 SEP 18 PM 12: LZ

Wy Sugo

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: DUBEAU & DUBEAU OF FLORIDA 11C (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:
CAROL LARSON  (Name of Person)  CRET 1: MIL 2001/110502 C COLUMN
FROT WAY BOOKEEPING SERVICES TO THE STATE OF THE STATE OF THE SERVICES TO THE
FROT WHY HOLKEPAUG SERVICES.  (Firm/Company)  8818 CONHONY CL SUTTE 40.  (Address)
OPLANDO - FL 328L9 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (407) 370 3886.  (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certificate of Status & Certificate of Status & Certificate 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

(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on 09/01/2006, and assigned document number 2.0600086190.	
SECOND:	This amendment is submitted to amend the following:	•
	I'VE SECOND MANAGER (MGR) SHALL BE:	ADD
	MICHEL DUBEAU.	200
	23.11 ATRIJUY CIRCLE, ORI NOVO- FL 32.808	S T1
	경기 	-F
		· - · - · · - · · - · · · - · · · · · ·
		-
Dated	September 01, 2006.	· · · · · · · · · · · · · · · · · · ·
		. <i>e</i> er .
	John de anders Jublan	
	Signature of a member or authorized representative of a member	i desire in
	TOLANDE CORDEJIPH DUBEAU.  Typed or printed name of signee	MA

Filing Fee: \$25.00