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ECRETARY OF STATE

TANASSEE FLORING

T. HAMPTON
SEP - 9 2008

EXAMINER

COVER LETTER

SUBJECT: <u>Guillaume Enterprises</u> , <u>LLC</u> (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:
Mireya Guillaume
(Name of Person) Guillaume Enterprises, LLC (Firm/Company)
4067 134h St. St. Cloud
St-Cloud Fl 34769 (City/State and Zip Code)
For further information concerning this matter, please call: Mirua Guillaume at 40, 957-4663 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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

\wedge	01				
Gruillaur	ne Enti	erprises	LLC		
(Name of the Limiter	<u>d Liability Company a</u> A Florida Limited Liabi	s it how appears on ou lity Company)	records.	1.17	
		<u> </u>	21 0/10	10/	
The Articles of Organization for this Limited L	iability Company we	re filed on	91, d007	and assig	ned
Florida document number (57)	400288	()	,		
207006	703667	O			
This amendment is submitted to amend the following					
A If amonding name autouthonous some	Esha limitad liahilit				
A. If amending name, enter the new name of	i the limited hability	company nere:			
The new name must be distinguishable and end wi	ish the sucede ST imited	Liabilia Commun. 24	di	27 4bb	
"L.L.C."	ui the words Limited	Jiaoniny Company," the	designation "LLC		breviation
Enternance of the London			[AL	K. &	
Enter new principal offices address, if applicable:			<u> </u>		
(Principal office address MUST BE A STREE	<u> TADDRESS)</u>		5	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
•	_		SE	<u>-∹, oo</u>	
			<u>.</u> -	S 32	Ö
Enter new mailing address, if applicable:			02	<u> </u>	<u> </u>
(Mailing address MAY BE A POST OFFICE				····	
B. If amending the registered agent and/	or registered office	address on our reco	ords, enter the	name of	the new
registered agent and/or the new registered or	mice address nere:				
Name of New Registered Agent:	1101-0	rodh OI			
New Registered Office Address:	4001	134,51	reet		· · · · · · · · · · · · · · · · · · ·
	$\Omega \cup \Omega \cup$	(Enter Flor	rida street addres	s)	\circ
	St. Cloud	<u> </u>	, Florida	<u> 54 N</u>	04
	- (C	ity)		Zin 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 Type of Action **Address** Remove ☐ Add Remove 🗂 Add Remove ☐ Add ☐ Add Remove . ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00