

LD90000022480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies ☒

Certificates of Status ☒

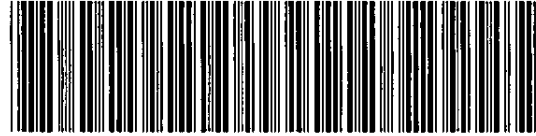
Special Instructions to Filing Officer:

**L. SELLERS**

MAR 18 2009

**EXAMINER**

Office Use Only



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03/19/09--01020--023 \*\*60.00

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2009 MAR 19 AM 11:36  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
09 MAR 19 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



WRIGHT, FULFORD, MOORHEAD & BROWN  
ATTORNEYS

WRIGHT, FULFORD, MOORHEAD & BROWN, P.A.  
145 NORTH MAGNOLIA AVENUE / ORLANDO, FL 32801  
407 425 0234 PHONE / 407 425 0260 FAX / [www.wfmblaw.com](http://www.wfmblaw.com)

March 18, 2009

**Via Hand-Delivery**

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**Re: Maltese Cross Investments and Holdings, LLC**  
**Our File Number: 1939-1**

Dear Sir/Madam

Enclosed please find the following documents regarding the above-referenced matter:

1. Letter to Division of Corporations;
2. Division of Corporation's Cover Letter;
3. Original Articles of Amendment to Articles of Organization and one copy; and
4. Wright, Fulford, Moorhead & Brown, P.A.'s check number 40001 (\$60.00) to Division of Corporations

Please process this request as soon as possible. My courier is waiting for the certified copy of the Certificate of Status.

Thank you for your attention to this matter. Should you have any questions, please contact me at 800-327-0234.

Sincerely,

D. Frank Wright  
[fwright@wfmblaw.com](mailto:fwright@wfmblaw.com)

DFW/tnr  
Enclosures

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Maltese Cross Investments and Holdings, 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:

D. Frank Wright, Esquire

(Name of Person)

Wright, Fulford, Moorhead & Brown, P.A.

(Firm/Company)

145 North Magnolia Avenue

(Address)

Orlando, Florida 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

D. Frank Wright, Esquire

(Name of Person)

at ( 407 ) 425-0234

(Area Code & Daytime Telephone Number)

Enclosed is a check for the 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 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**

Maltese Cross Investments and Holdings, LLC

**(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 03/06/09 and assigned  
Florida document number L09000022480.

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)

**FILED**  
**09 MAR 19 AM 1:44**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

(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	Laurent Peretti Toussaint	1, Square de l'Avenue du Bois 75116, Paris, France	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Key Investment, Ltd.	1007 Greentree Drive Winter Park, Florida 32789	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated March 18, 2009.

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
D. Frank Wright attorney for Mr. Peretti Toussaint  
\_\_\_\_\_  
Typed or printed name of signee

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TALLAHASSEE, FLORIDA