

L09000071917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

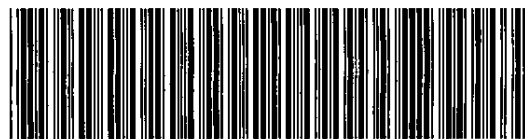
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Amend

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13 NOV -5 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2 Bunch NOV 7 2013

pm

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: French Firm Libessart, 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:

Didier Libessart

Name of Person

Clinic Libessart

Firm/Company

5873 SW and Sunset dr

Address

south miami, fl 33143

City/State and Zip Code

libessart@me.com

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

For further information concerning this matter, please call:

Sophie Libessart

Name of Person

at (305) 663-4499

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2013

FRANCH FIRM LIBESSART, LLC
5823 SW 72 ST
MIAMI, FL 33143

SUBJECT: FRENCH FIRM LIBESSART, LLC.
Ref. Number: L09000071917

We have received your document for FRENCH FIRM LIBESSART, LLC. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 413A00024446

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

French Firm Libessart

(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 07/27/2009 and assigned
Florida document number 109000071917.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Clinic Libessart, LLC

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)

5823 SW 72st Miami FL 33143

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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TALLAHASSEE, FLORIDA

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: Didier Libessart

New Registered Office Address: 5823 SW 72nd st

Enter Florida street address

Miami

City

, Florida 331443

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:

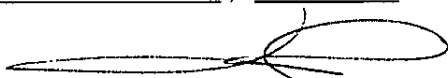
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
mgr	Didier Libessart	5823 SW 72ndst	<input checked="" type="checkbox"/> Add
		Miami FL 33143	<input type="checkbox"/> Remove
mgrm	Sophie Libessart	same address	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

Dated 10/29/2013



Signature of a member or authorized representative of a member

Didier Libersault

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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