

L09000083650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

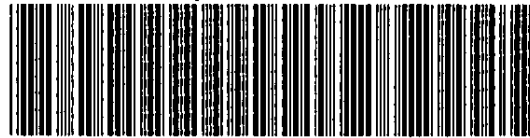
Special Instructions to Filing Officer:

A. LUNT

JUL 14 2010

EXAMINER

Office Use Only



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07/13/10--01011--009 **30.00

FILED
2010 JUL 13 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Henning Law Firm, P.A.

Norma Henning
Attorney at Law/Rechtsanwältin
Civil Law Notary/Notarin
Honorary Consul of the Federal Republic of Germany/
Honorarkonsulin der BRD

July 8, 2010

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: HAUTE IMAGE INTERNATIONALE, LLC

Dear Sir/Madam:

This firm represents Haute Image Internationale, LLC. Please find enclosed Articles of Amendment to Articles of Organization along with a check in the amount of \$30 to cover the filing fee and Certificate of Status.

Please make the noted changes to this entity. Should you have any questions, please contact our office at 239-596-6020.

Kind regards,

Henning Law Firm, P.A.



Michelle M. Licitra
Paralegal to
Norma Brenne Henning, Esq.

NBH/mml

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HAUTE IMAGE INTERNATIONAL, 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:

NORMA HENNING, ESQ.

Name of Person

HENNING LAW FIRM, P.A.

Firm/Company

5621 STRAND BOULEVARD #105

Address

NAPLES, FL 34110

City/State and Zip Code

nhenning@henning-law.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUL 13 PM 3:20

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For further information concerning this matter, please call:

NORMA HENNING

Name of Person

at (239)

596.6020

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**

HAUTE IMAGE INTERNATIONAL, 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 08/28/2009 and assigned
Florida document number L09000083650

This amendment is submitted to amend the following:

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

HAUTE IMAGE INTERNATIONALE, 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)

1100 COMMERCIAL BLVD #109

NAPLES, FL 34104

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1100 COMMERCIAL BLVD #109

NAPLES, FL 34104

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2009 JUL 13 PM 3:20
CLERK OF STATE
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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

City

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:

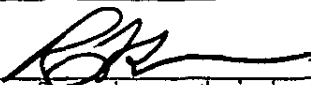
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	LE BLANC, BLAKE	12 COURTLEIGH ROAD ST CATHERINES ON L2N7E8 CANADA	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	LE BLANC, RANDALL	110 COMMERCIAL BLVD #109 NAPLES, FL 34104	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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JUL 13 2010
M 3:20
TALLAHASSEE, FLORIDA

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

Dated July 2, 2010



Signature of a member or authorized representative of a member

RANDY LE BLANC

Typed or printed name of signee