

L09000107061

(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

DEC -9 2009

EXAMINER

Office Use Only



700163404927

700163404927  
12/08/09--01024--013 \*\*30.00

2009 DEC -8 PM 2:50  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MONSIEUR LE COMTE 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:

**OLIVIER SUREAU**

Name of Person

**JADE ASSOCIATES MIAMI INC**

Firm/Company

**100 N BISCAYNE BLVD SUITE 500**

Address

**MIAMI, FL 33132**

City/State and Zip Code

**osureau@jade-associates.com**

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

For further information concerning this matter, please call:

**DORINE MARCEAU**

Name of Person

at ( **305** ) **579-0220**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 DEC -8 PM 2:50

FILED

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

**MONSIEUR LE COMTE 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 11/05/2009 and assigned

Florida document number L09000107061

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*

*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:

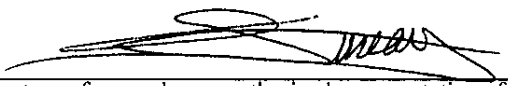
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	YON, LAURENT	65 BLVD VICTOR HUGO NEUILLY SUR SEINE 92200 FRANCE	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	YON, LAURENT	4 RUE DES RONDIERS CHEVRY SOUS LE BIGNON 45210 FRANCE	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	GUERRIER, VALERIE	65 BLVD VICTOR HUGO NEUILLY SUR SEINE 92200 FRANCE	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	GUERRIER, VALERIE	4 RUE DES RONDIERS CHEVRY SOUS LE BIGNON 45210 FRANCE	<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

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

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

Dated MIAMI , 12/03/09

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

OLIVIER SUREAU

\_\_\_\_\_  
Typed or printed name of signee