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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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**EXAMINER** 



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SECRETARY OF STATE

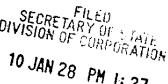
## **COVER LETTER**

TO:	Registration S Division of Co.			
SUBJE	<b>○T•</b>	PR	OVAL LLC	
SUBJE	UI		ted Liability Company	
		f Amendment and fee(s) are sultendence concerning this matter	_	
			Olivier Bibas	
			Name of Person	
			PROVAL LLC	
			Firm/Company	
			330 Holiday Drive	
			Address	·
		Hall	andale Beach, FL 33009	
<del></del>			City/State and Zip Code	
			ivierBibas@gmail.com to be used for future annual report	notification)
For furt	ner information	concerning this matter, please of	·	,
	C	Olivier Bibas	at (561)	306-4999
	Name	of Person		ytime Telephone Number
Enclose	d is a check for t	the following amount:		
<b>₹</b> 25.	00 Filing Fœ	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	Section 1 Section 2 Sectio
	MAII	LING ADDRESS:	STREETACO	URIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(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				-0 FM 1: 27
The Articles of Organization for this Limited Liability Company were filed on	Ph	ROVAL LLC		
The Articles of Organization for this Limited Liability Company were filed on	(Name of the Limited Liability (A Florida L	Company as it now appear imited Liability Company)	s on our records.	
This amendment is submitted to amend the following:  1. If amending name, enter the new name of the limited liability company here:  1. The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation LL.C."  1. Enter new principal offices address, if applicable:  1. Principal office address MUST BE A STREET ADDRESS)  2. Enter new mailing address, if applicable:  2. Mailing address MAY BE A POST OFFICE BOX)  3. 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 address here:  1. Name of New Registered Agent:  1. New Registered Office Address:  2. Enter Florida street address  2. Enter Florida street address  2. Enter Florida	<b>V</b>	,,	j	
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City Zip Code	New Registered Office Additess.	En	ter Florida street ad	dress
City Zip Code		<del>-</del> ··		
•			, Florida _	
New Registered Agent's Signature, if changing Registered Agent:		City		Zip Code
In the contract of the contrac	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>	Name	Address	Type of Action
MGRM	HARROCH, BERNA	NORTH MIAML BEACH	
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<del></del>		<u> </u>	
····			AddRemove
			Add
D. If amend	ling any other information,	nter change(s) here: (Attach additional shee	ts, if necessary.)
  Dated	January 19th	. 2010	
		Osiso	) 
	Signature	of a member or authorized representative of a me	mber
		OLIVIER BIBAS	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00