

110 000009531

(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:

Office Use Only

G. MCLEOD

FEB 17 2010

EXAMINER



700168470257

02/16/10--01016--025 **55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 FEB 16 PM 1:52

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DETENTE MISE, 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:

CHRISTOPHER FOURNET

Name of Person

Firm/Company

3665 E BAY DR., SUITE 204-11

Address

LARGO, FL 33771

City/State and Zip Code

chris@detentemise.com

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

For further information concerning this matter, please call:

Christopher Fournet

Name of Person

at (727)

667-2386

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 FEB 16 PM 1:52

DETENTE MISE, 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 01-26-2010 and assigned
Florida document number L10000009531.

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:

3665 E BAY DR., SUITE 204-11

(Principal office address MUST BE A STREET ADDRESS)

LARGO, FL 33771

Enter new mailing address, if applicable:

3665 E BAY DR., SUITE 204-11

(Mailing address MAY BE A POST OFFICE BOX)

LARGO, FL 33771

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:

CHRISTOPHER FOURNET

New Registered Office Address:

3665 E BAY DR., SUITE 204-11

Enter Florida street address

LARGO

Florida

33772

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.

Christopher Fournet
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:

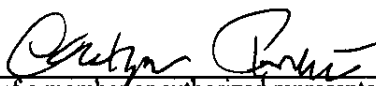
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CHRISTOPHER FOURNET	3665 E BAY DR., SUITE 204-11 LARGO, FL 33772	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	TIM HANGGE	12257 97TH AVE SEMINOLE FL 33772	<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 02-09, 2010



Signature of a member or authorized representative of a member

CHRISTOPHER FOURNET

Typed or printed name of signee