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DIVISION OF CORPORATIONS

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T. HAMPTON MAY 1 9 2011

EXAMINER

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: La Cigale LL C (NEW)  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:	
1HIERRY P. B855a  Name of Person  7281 BISCAUNE (C) (Old)  Firm/Company	
Migm i F/ 3338  City/State and Zip Code  Thierry bossa O Cimail com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
THICHY P POSSA at (786) 838 97 12  Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \$\text{Certified Copy (additi	sed)

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 CORPORATIONS

11 MAY 18 AM IN: 14

Name of the Limited Liability Compar (A Florida Limited L	ny as it now annears on our records )		
(A Florida Limited L	Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1/00000/0358			
Profita document number 2 / 000 (70 / 0 ) 3			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
LA Cigale LLC			
The new name must be distinguishable and end with the words "Limit"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation	ın	
Enter new principal offices address, if applicable:	7281 BISCAYNE BIVD		
(Principal office address MUST BE A STREET ADDRESS)	7281 BISCAYNE B/VD MIAMI F/ 33138		
	·		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		,	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		W	
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>	Address	Type of Action			
	_		Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
	_		Add Remove			
			Add Remove			
D. If ai	nending any other information, enter change(  Lam a mending the	hame 7281 BIScayue	ic			
	10 LA CIGATE CE		- 31VI€			
Dated _	05/11/2011,		CRETA SION OF			
	THIERRY P	r authorized representative of a member  Bosso  printed name of signee	RY OF STATE CORPORATIONS			
		Page 2 of 2				

Filing Fee: \$25.00