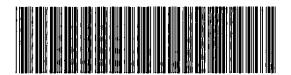
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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
Codifical Consists				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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**EXAMINER** 



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Maison Deluxe 111, 110
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:
David M. Goldstein Name of Person
Law offices of David M. Goldstein, P. H.
286 NE 39th Street
Mianu, FC 33137 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David M. Goldstein at (305) 372-3535  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:
Registration Section  Division of Corporations  Division of Corporations  Cliebra Parilling
P.O. Box 6327  Tallahassee, FL 32314  Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

maison Delux	( 1777, U	<u>e</u>	
(Name of the Limited Liabilit (A Florida	y Company as it now appears of Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability of Florida document number \( \lambda \) 0000 235	Company were filed on	3/2/10	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company	," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)	me (	
	·- <u>-</u>	ري هران د با ا	<u> </u>
		至	
Enter new mailing address, if applicable:		ASS	1 AMERICAN
(Mailing address MAY BE A POST OFFICE BOX)		E.O.	<b>10</b> (1977)
	-11-21-	F S	
		RATE ORID	<del> ပ</del>
B. If amending the registered agent and/or regis	tered office address on our	records, <u>ente≯the</u>	name of the new
registered agent and/or the new registered office add	lress 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.

MGR = Ma MGRM = M	nnager Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
mar	David M. Goldstein	286 NE 39 Street Miami, Fr. 33/37	Add Remove		
MGL	Jean- Christophe Devomedi	20900 NE 304 Ave #4000 NE 30180	Add Remove		
			Add Remove		
			Add Remove		
		·	Add Remove 		
·			Add Remove		
D. If amend	ding any other information, enter change(	s) here: (Attach additional sheets, if necessary.)			
_			_		
	crember 11th, 201	io Od Olana	A		
Signature of a member of authorized representative of a member					
	David M.	Goldstein			

. . 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:

Page 2 of 2

Filing Fee: \$25.00