

***L10000062846**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. BALLY
EXAMINER
DEC 10 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Le Touget 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:

Catalina Zapata

Name of Person

Team Real Estate management LLC

Firm/Company

290 NW 115th Street PH5

Address

Miami FL 33169

City/State and Zip Code

catalina.zapata@teamremanagement.com

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

For further information concerning this matter, please call:

Catalina Zapata

Name of Person

at (305) 454.0915 ext. 227

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Le Touget. LLC

(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

06/11/2010

210000042846

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Principal office address MUST BE A STREET ADDRESS)

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

City

Zip Code

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Marino, Alcides	290 NW 165 th St PHS	☐ Add
		Miami, FL 33169	☒ Remove
MGR	Team Real Estate Management, LLC	290 NW 165 th St PHS	☒ Add
		Miami FL 33169	☐ Remove
			☐ Add
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			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

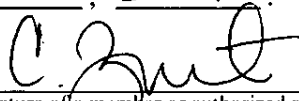
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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated NOV. 15, 2014



Signature of a member or authorized representative of a member

Catalina Zapata

Typed or printed name of signee

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TALLAHASSEE, FLORIDA