

L10000111796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

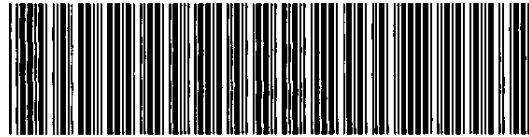
Special Instructions to Filing Officer:

L. SELLERS

NOV -9 2010

EXAMINER

Office Use Only



100187274781

11/08/10--01020--018 **30.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 NOV -8 PM 5:21

FILED

RONALD H. ROBY
RHR@RONALDHROBYESQUIRE.COM

MATTHEW H. ROBY
MHR@MATTHEWROBY.COM

ROBY LAW FIRM
201 WEST CANTON AVENUE • SUITE 275
P.O. BOX 2855
WINTER PARK, FLORIDA 32789



TELEPHONE: (407) 647-8085
FAX: (407) 647-3880

November 3, 2010

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

RE: Croissant Story, LLC

Dear Sir or Madam:

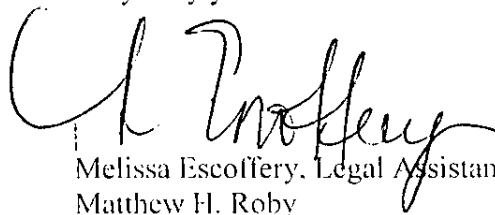
Please find enclosed the following documents for filing with your office regarding the above-referenced matter:

1. Cover Letter
2. Articles of Amendment to Articles of Organization

We have also enclosed our firm's check number 1710 in the amount of Thirty Dollars and Zero Cents (\$30.00) which represents the filing fee and the certificate of status.

If you have any questions or concerns in this regard, please contact this office.

Very truly yours,



Melissa Escoffery, Legal Assistant to
Matthew H. Roby

Enc.
cc: client

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Croissant Story, 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:

Francois Cahagne

Name of Person

Croissant Story, LLC

Firm/Company

120 East Morse Blvd.

Address

Winter Park, FL 32789

City/State and Zip Code

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

For further information concerning this matter, please call:

Francois Cahagne

Name of Person

at (407) 622-7753

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**

Croissant Story, 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 10/26/2010 and assigned
Florida document number L10000111796.

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:

(Principal office address MUST BE A STREET ADDRESS)

120 East Morse Blvd.

Winter Park, FL 32789

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

120 East Morse Blvd.

Winter Park, FL 32789

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:

New Registered Office Address:

Enter Florida street address

Florida

City

FILED
10 NOV - 8 PM 5:21
STATE
TREASURER
FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

Dated October 29, 2010



Signature of a member or authorized representative of a member

Francois Cahagne

Typed or printed name of signee