

L11000009678

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : RICARDO MARTINEZ-CID, P.A.
Account Number : 076640001666
Phone : (305) 859-7494
Fax Number : (305) 858-2513

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Email Address: jean-pierre.courtois@orange.fr, gil@hdsxm.com

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N 2 JJADEL L.L.C.

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Division of Corporations
BUREAU OF CORPORATIONS
INFORMATION SERVICES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: N 2 JJADE L.L.C.

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:

GIL GUADALPI, MGRM

Name of Person

Firm/Company

1555 N Treasure Drive, Apt #512

Address

North Bay Village, Florida 33141

City/State and Zip Code

jean-pierre.courrege@orange.fr, gil@hdsxm.com

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

For further information concerning this matter, please call:

RICARDO MARTINEZ-CID, ESQ.

305 632 1950

Name of Person

at ()

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

FLORIDA BAR NO. 157029 / AUDIT NUMBER: H15000096462 3

RICARDO MARTINEZ-CID

Professional Association

1699 Coral Way, Suite 510, Miami, Florida 33145-2860
Telephone (305) 632-1950 Facsimile (305) 854-9788
e mail: mtnezcid@aol.com

FACSIMILE TRANSMISSION

Number of pages sent: 6 (including this page)

SEND TO: Florida Department of State/Division of Corporations
VIA: (850) 617 6383
SENT BY: Ricardo Martinez-Cid, Esq.
DATE: April 20, 2015

Dear Secretary of State:

We enclose and amendment changing the registered agent and registered agent's office, and the Audit for a Florida limited liability company known as **BNAGLO LLC**, in full compliance with §605 of the Florida Statutes. Debit my account for the amount of \$25.00, covering the filing fee. **The email address to be used for annual reports is laurentbena@hotmail.fr, gil@hdsxm.com.**

Sincerely,

Martinez-Cid

Ricardo Martinez-Cid

cc: laurentbena@hotmail.fr, jean-pierre.courrege@orange.fr,
gil@hdsxm.com

SHOULD YOU ENCOUNTER ANY PROBLEMS RECEIVING THIS FAX, PLEASE CALL 305-859-7494

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Ricardo Martinez-Cid, P.A.
1699 Coral Way, Suite 510
Miami, Florida 33145-2860
Telephone # (305) 632-1950
Facsimile # (305) 858-2513
FLORIDA BAR NO. 157029
AUDIT NUMBER: H15000096462 3

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

N 2 JJADE L.L.C.

(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 01/24/2011 and assigned
Florida document number L11000009678

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)

1555 N Treasure Drive, Apt #512

North Bay Village, Florida 33141

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1555 N Treasure Drive, Apt #512

North Bay Village, Florida 33141

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:

RICARDO MARTINEZ-CID

New Registered Office Address:

1699 Coral Way, Suite 510

Enter Florida street address

Miami

City

Florida 33145

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 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.)

[Signature]
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>
_____	_____	_____	<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

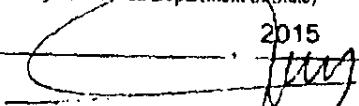
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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 April 10

2015



Signature of a member or authorized representative of a member

JEAN PIERRE COURREGÉ, MGRM

Typed or printed name of signee

