

L11000036183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

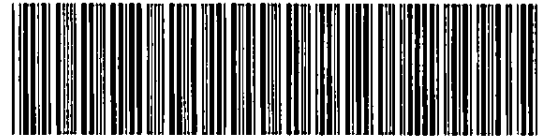
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

S. WARREN

AUG 18 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VERLAINE USA, 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:

FREDERIC M BARTHE, ESQ.

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

17 SE 24TH AVE.

\_\_\_\_\_  
Address

POMPANO BEACH, FL 33062

\_\_\_\_\_  
City/State and Zip Code

FBARTHELAW@GMAIL.COM

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

For further information concerning this matter, please call:

FREDERIC BARTHE

954 784-2800  
at ( )

\_\_\_\_\_  
Name of Person

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



If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
VERONIQUE	JEAN LOUIS BOZZA	5552 NE 31ST AVE.	<input type="checkbox"/> Add
		FORT LAUDERDALE	<input checked="" type="checkbox"/> Remove
		FL 33308	<input type="checkbox"/> Change
AMBR	VERONIQUE BRUYERES INZA	5552 NE 31ST AVE.	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE	<input type="checkbox"/> Remove
		FL 33308	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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07 AUG 17 08:31  
STATE OF FLORIDA  
TALLAHASSEE

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 08/16

2017

Signature of a member or authorized representative of a member

FREDERIC M. BARTHE, ESQ.

Typed or printed name of signee

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U.S. DISTRICT COURT  
SOUTHERD DISTRICT OF FLORIDA