# 111000048358

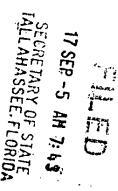
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL.
(Bu	usiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only



000303299730

09/05/17--01022--001 \*\*30.00



SEP 0 6 2017 J SHIVERS

### **COVER LETTER**

TO:		tration Section of Corp				
SUD ID		IUGUET F	EDELI LLC			•
SUBJEC	CI; _	<u></u>	Name of Lim	nited Liability Company	۸	
The encl	losed A	Articles of A	Amendment and fee(s) are sub	omitted for filing.		,
Please re	eturn a	ll correspor	ndence concerning this matter	to the following:		
			LAURENT ALIX HUGUI	ET		
			· · · · · · · · · · · · · · · · · · ·	Name of Person		<del></del>
			HUGUET FEDELI LLC			·
				Firm/Company		<del></del>
			221 MARLBERRY CIRC	LE		
			<del></del>	Address		
			JUPITER FL 33458-2849			
				City/State and Zip Code	<b>:</b>	
			la.huguet@gmail.com			
			E-mail address: (	to be used for future annua	d report notification)	
For furth	er info	rmation co	ncerning this matter, please ca	all:		
la.hugue	t@gm	ail.com		561 34	45 0372	·
		Name of	Person	Area Code	Daytime Telephone	Number
Enclosed	is a cl	heck for the	e following amount:			
<b>\$25.0</b>	00 Fili	ng Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is er	nclosed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional 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

HUGUET FEDELI LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L11000048358</u> .	were filed on 04/25/2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	221 MARLBERRY CIRCLE
(Principal office address MUST BE A STREET ADDRESS)	JUPITER FL 33458-2849
Enter new mailing address, if applicable:	221 MARLBERRY CIRCLE
(Mailing address MAY BE A POST OFFICE BOX)	JUPITER FL 33458-2849
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	RAT S
	Enter Florida street address

#### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Pileggi STEPHEN	16 S. Orange Avenue	□ Add
		SARASOTA FL 34236	■ Remove
		·	Change
MGR	Gregory ORQUERA	16 S. Orange Avenue	Add
		Sarasota FI 34236	☑ Remove
			Change
MGR	Laurent-Alix HUGUET	221 Marlberry Circle	☑ Add
		Jupityer FI 33458	□ Remove
			Change
	<del></del>		Add
			Remove
			□ Change
			Add
			□ Remove
			Change
	•		
			□ Remove
			☐ Change

TALS 1
AHE OF THE STATE O
ASS
—————————————————————————————————————
Y OF STATE ORIDA

Page 3 of 3

Filing Fee: \$25.00