

L 11000064596

(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:

Office Use Only



300245034163

02/26/13--01015--004 \*\*25.00

FILED  
TALLAHASSEE, FLORIDA

13 FEB 26 AM 11:10

FILED

B. BOSTICK

FEB 27 2013

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MM ARCHITECTE SARL, 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:

MAXIME LAPOINTE / MAUDE LAPOINTE  
Name of Person

MM ARCHITECTE SARL, LLC  
Firm/Company

c/o 909 E. Las OLAS BWD  
Address

Fort LAUDERDALE, FL 33301  
City/State and Zip Code

nfo@mmarchitecte.ch / maxime.lapointe@hotmail.ch  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

LAPINTE MAXIME at (141) 371 868 5912  
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

FILED  
3 FEB 26 AM 11:10  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

MM Architecte SARL 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 6/2/2011 and assigned  
Florida document number L11000064596

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C/O 909 E. LAS OLAS BLVD  
FORT LAUDERDALE, FL 33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O 909 E. LAS OLAS BLVD  
FORT LAUDERDALE  
FL 33301

**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:

PATRICIA VARLEY

New Registered Office Address:

C/O 909 E. LAS OLAS BLVD

Enter Florida street address

FORT LAUDERDALE, Florida FL 33301

City

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 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.

Patricia Varley  
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

Title	Name	Address	Type of Action
MGR	MAXIME LAPOINTE	C/O 909 E. LAS OLAS BVD FORT LAUDERDALE FL 33301	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MAUDE LAPOINTE	909 E. LAS OLAS BVD FORT LAUDERDALE FL 33301	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	PATRICIA VARLEY	C/O 909 E. LAS OLAS BVD, FORT LAUDERDALE, FL	<input checked="" 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

FILED  
13 FEB 26 AM 11:10  
TALLAHASSEE, FLORIDA

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

Dated 15. FEBRUAR 2013

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

LAPOINTE MAXIME

\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED

13 FEB 26 AM 11:10

TALLAHASSEE, FLORIDA