

L11000102352



000215183780

01/09/12--01021--014 \*\*25.00

(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:

*Sign*

FILED  
12 JAN 25 PM 1:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only

G. MCLEOD

JAN 26 2012

EXAMINER

6012-2309



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 12, 2012

MARC ZAFRANY  
4140 N MERIDIAN AVE APT 1  
MIAMI BEACH, FL 33140

SUBJECT: OMEGA PRESSURE CLEANING BY ZAFRANY , LLC  
Ref. Number: L11000102352

We have received your document for OMEGA PRESSURE CLEANING BY ZAFRANY , LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6851.

Gina McLeod  
Regulatory Specialist II

Letter Number: 212A00000892

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: OMEGA PRESSURE CLEANING BY ZAFRANY 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:

**MARC ZAFRANY**

Name of Person

Firm/Company

**4140 N MERIDIAN AVE APT 1**

Address

**MIAMI BEACH FL 33140**

City/State and Zip Code

**MZAFRANY@HOTMAIL.COM**

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

For further information concerning this matter, please call:

**MARC ZAFRANY**

Name of Person

at ( **305** )

**9786614**

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**

**OMEGA PRESSURE CLEANING BY ZAFRANY 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 09/07/2011 and assigned Florida document number L11000102352.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

COTE D'AZUR LLC

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)**

174 WALTHAM H

WEST PALM BEACH FL 33417

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

4140 N MERIDIAN AVE APT 1

MIAMI BEACH FL 33140

FILED  
12 JAN 25 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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*

*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.*

\_\_\_\_\_  
**If Changing Registered Agent, Signature of New Registered Agent**

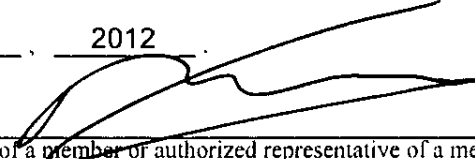
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ALBERT ZAFRANY	174 WALTHAM H WEST PALM BEACH FL 33417	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated JAN 2, 2012  
  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
MARC ZAFRANY  
\_\_\_\_\_  
Typed or printed name of signee