# 111000110445

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#### **COVER LETTER**

TO: Registration Section
Division of Corporations

JURIECT: LA BELLE MAISON BY INGRID, 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:

# JAY A. BRETT

Name of Person

SHEPPARD, BRETT, STEWART, HERSCH, KINSEY & HILL, P.A.

Firm/Company

9100 College Pointe Court

Address

Fort Myers, FL 33919

City/State and Zip Code

brett@sbshlaw.com

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

For further information concerning this matter, please call:

Jay A. Brett

239 334-1141

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## LA BELLE MAISON BY INGRID, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L11000110445			
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
MAISON INGRID, LLC			
The new name must be distinguishable and end with the	words "Limited Lial	oility Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	n/a	ů.
(Principal office address MUST BE A STREET ADDRESS)			
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Enter new mailing address, if applicable:		n/a	To The Till
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B. If amending the registered agent and registered agent and/or the new registered of	or registered o		ORIGA
B. If amending the registered agent and registered agent and/or the new registered or	or registered o		ORIGA
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B. If amending the registered agent and registered agent and/or the new registered or	or registered o	<u>e</u> :	records, enter the name of the new
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	or registered of fice address her		records, enter the name of the new
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	or registered of fice address her	Enter Florida stree	records, enter the name of the new
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	or registered office address hernian/a	Enter Florida stree	records, enter the name of the new

Page 1 of 3

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:

<u>Title</u>	<u>Name</u>		Address	Type of Action
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	date, if other than the date of filing: n/a (optional)  ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after		
he date th	ebruary 7 , 2014 .		
	Signature of a member or authorized representative of a member		
	JAY A. BRETT, Authorized Representative		
	Typed or printed name of signee	TALLAHASS	2014 FEB 10

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Filing Fee: \$25.00