

L12000036137

(Requestor's Name)

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(Address)

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(Business Entity Name)

(Document Number)

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12 OCT 26 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 25 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIOPEN ENTERPRISE 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:

LIONEL FRANCILLON

Name of Person

LIOPEN ENTERPRISE, LLC

Firm/Company

4524 GUN CLUB RD STE 104 B

Address

WEST PALM BEACH FL 33415

City/State and Zip Code

lionelfran65@yahoo.com

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

For further information concerning this matter, please call:

LIONEL FRANCILLON

Name of Person

at (561)

315-9714

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

12 OCT 24 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LIOPEN ENTERPRISE 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 03/14/2012 and assigned
Florida document number L12000036137.

This amendment is submitted to amend the following:

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

LIOPEN ENTERPRISE 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)

4524 GUN CLUB RD STE 104B
WEST PALM BEACH FL 33415

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

4524 GUN CLUB RD STE 104B
WEST PALM BEACH FL 33415

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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:

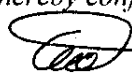
Name of New Registered Agent: LIONEL FRANCILLON

New Registered Office Address: 4524 GUN CLUB RD STE 104B
Enter Florida street address

WEST PALM BEACH FL, Florida 33415
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>
MGR	JEAN RENELUS	4524 GUN CLUB RD STE 104B WEST PALM BEACH FL 33415	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Enovierge FRANCILLON	6414 Adriatic Way West Palm Beach FL 33413	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	RENELUS, RENELUS J	6280 WILLOUGHBY CIR LAKE WORTH FL 33463	<input type="checkbox"/> Add <input checked="" 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 OCTOBER 17, 2012

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AND
FILED
12 OCT 24 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature of a member or authorized representative of a member
LIONEL FRANCILLON

Typed or printed name of signee