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SECRETARY OF STATE
AND AHASSEE, FLORIDA

B. BOSTICK
JUN 1 3 2012

EXAMINER

COVER LETTER

ro:	Registration Se Division of Cor		. *	·*
O	1.CM		T FLORIDA LLC	
SUBJE	CI:		ted Liability Company	· · · · · · · · · · · · · · · · · · ·
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please :	return all correspo	ondence concerning this matter	to the following:	
			PATRICK MOYAL Name of Person	
		MOYAL A	CCOUNTING SERVICES INC Firm/Company	
			rim/Company	
10796 PINES BLVD SUITE 204				
			Address	
		PEMBRO	OKE PINES FLORIDA 33026	·
			City/State and Zip Code	
		MOYALA E-mail address: (CCOUNTING@GMAIL.COM to be used for future annual report notification	on) Eq. =
For fur	ther information of	concerning this matter, please of	• •	CKETA LAHAN
	PAT	RICK MOYAL	at (954) 430)-3930 SEE T
	Name (of Person	Area Code & Daytime Tel	ephone Number FLOR
Enclos	ed is a check for t	he following amount:	•	De Si
\$25	5.00 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)
	Regist Divisi P.O. E	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAUMON	NT FLORIDA LL	C	
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now app imited Liability Compan	ears on our records.)	
The Articles of Organization for this Limited Liability Co	mpany were filed on _	MARCH 27, 2012	and assigned
Florida document number L12000042228	<u>.</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company l	<u>iere</u> :	
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Cor	npany," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	ESS)		
		AAC SE	12
		27	É TI
Enter new mailing address, if applicable:		SZ	
(Mailing address MAY BE A POST OFFICE BOX)		m-C	~ [T]
Training address MITT BE ATTOMY OF THE BOTT		70	2 0
		224	S
B. If amending the registered agent and/or registe	ered office address o	n our records, enter th	යා e name of the new
registered agent and/or the new registered office addr			
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>	Name	Address	Type of Action
MGRM	MATHIEU GAUTIER	116 RUE DE ROLLINGERGRUND L-2440 LUXEMBOURG	Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	i n
		SSEL. FLURIDA	7 J
Dated	MAY 30 , 201	MATHURS	
		MONE LAURENT	