## L12000042228

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(City/State/2lp/Fitohe #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Continued depicts
Special Instructions to Filing Officer:

Office Use Only



100259954801

05/07/14--01014--002 \*\*25.00

F (L) (1) 14 MAY - 7 PH 4: 36 SECRETAS (1:1813.18)

MAY 15 2014 S. YOUNG

## **COVER LETTER**

Division of Corp	porations		
			-100 =
SUBJECT: JAUMONT	FLORIDA LLC Name of Lim	ited Liability Company	———
	Name of Lini	ated Liability Company	三 超 美
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Diagon matrices all societies		As also Callessians	
ricase return an correspon	ndence concerning this matter	to the following:	
	MATHII	EU GAUTIER	
		Name of Person	
		Firm/Company	······································
		типи <b>с</b> опрану	
	1221 DDICVEL DAV AD	T 4000	
	1331 BRICKEL BAY AP	Address	<del></del>
	MIAMI, FL 33131		
		City/State and Zip Code	
	mathieu.gautier@		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please c	all:	
Matthew	GAUTIER	754 1199	2120
Name of		at (754) 422-2 Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
425.00 T Hing I CC	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			(additional copy is enclosed)

TO:

Registration Section

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**

JAUMONT FLORIDA	LLC		
(Name of the Limited (A	Liability Company as it now appear Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liab	oility Company were filed on _	03/27/2012	and assigned
Florida document number <u>L12000042228</u>			
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company h	ere:	
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the	e designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
	<del> </del>		
Enter new mailing address, if applicable:			
,			<del></del>
(Mailing address MAY BE A POST OFFICE Be	<u></u>		
B. If amending the registered agent and/or		n our records, <u>enter</u>	the name of the new
registered agent and/or the new registered offic	ce address here:		
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	orida street address	
		The second section of the second seco	
•	City	, Florida	Zip Code
	ŕ		zip Coae
New Registered Agent's Signature, if changing Re	gistered 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 605, 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.

SS in MJ 2- AVR 71

EIFED

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	LAURENT, MAMMONE	4350 S DOUGLAS ROAD	Add
		MIAMI, FL 33133	Remove
			Add
		<del></del>	Remove
	·····		
		<del>- xw+ a</del>	□ Remove
			□ Adđ
			☐ Remove
			Add
			□ Remove
	VONCO CONSTANTANT		□ Adđ
	SE ORETANN -7 PR 44 35 TALL ANY STREET FROM PRINTER TALL AND STREET FROM P		Remove
	437114		

, 	
(The effective	late, if other than the date of filing: (optional) date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
(The effective	date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
(The effective the date this	date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
(The effective the date this	date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00