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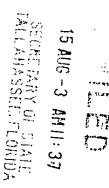
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## **COVER LETTER**

Division of C	Section Corporations		
La Toile	Maison, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Jann S. Mumford		
		Name of Person	<del></del>
	La Toile Maison, LLC		
		Firm/Company	
	5682 West Hunters Ridge	Circle	
	<u> </u>	Address	
	Lecanto, Florida 34461		
	latoilemaison@earthlink.ne	City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual report noti-	fication)
For further informatio	n concerning this matter, please ca	all:	
Jann Mumford		352 302 3291	
Nam	ne of Person	at ()at () Daytim	e Telephone Number
Enclosed is a check fo	or 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 Toile Masion, 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 and assigned L12000063238 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: La Toile Maison, LLC The new name must be distinguishable and contain 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:

#### 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 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.

If Changing Registered Agent, Signature of New Registered Agent

### or removed from our records:

MGR =	Manager .	•
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<b>Type of Action</b>
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			Remove
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			☐ Change

The name should read; La	Toile Maison, LLC	
	*	Dr. 15-
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Filing Fee: \$25.00