Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H12000226151 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160

: (800)494-3124

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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12 SEP 13 PH 2: 40 SECRETARY OF STATE ALLAHASSEE, FLORID

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FIRST FRENCH CHOCOLATES, LLC

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K.SALY EXAMINER SEP 14 2012

Electronic Filing Menu

Corporate Filing Menu

Help

company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H12000226151 3

| FIRST | To the | | | | | |
|---|--|---|------------------------|--------------------------|--|---|
| (Name of the Limited (A) | Liability Company Florida Limited Lia | as it now appear bility Company) | s on our records.) | | | |
| The Articles of Organization for this Limited Lia | bility Company w | ere filed on | 06/01/2012 | and assigned | | |
| Florida document numberL12000073473 | | | | ,· 7 | | |
| This amendment is submitted to amend the follow | wing: | | | | | |
| A. If amending name, enter the new name of | the limited liabili | ty company her | <u>e</u> ; | | | |
| The new name must be distinguishable and end with "L.L.C." | the words "Limited | l Liability Compa | ny," the designation " | LLC" or the abbreviation | | |
| Enter new principal offices address, if applicable: | | 7 PLACE CHARLES DULLIN | | | | |
| (Principal office address MUST BE A STREET ADDRES | | PARIS 75018 FRANCE | | | | |
| | | | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 7 PLACE CHARLES DULLIN PARIS 75018 FRANCE | | | | |
| | | | | | | B. If amending the registered agent and/or the new registered off |
| Name of New Registered Agent: | SUPERBIZ R | SUPERBIZ REGISTERED AGENT, INC. | | | | |
| New Registered Office Address: | 2761 VISTA PARKWAY, STE E4 | | | | | |
| | (Enter Florida street address) | | | | | |
| WE | | BEACH , Florida 33411 | | 33411 | | |
| | | | | (Zip Code) | | |
| New Registered Agent's Signature, if changing R | egistered Agent: | | | | | |

land Smith , Paul Smith

(If Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

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

H12000226151 3

MGR = Manager

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:

H120002261513

MGRM = Managing Member <u>Title</u> Address <u>Name</u> Type of Action MGR **ROSALIA GUILLEM** 1201 LOST CREEK COURT ed Add OSPREY FL 34229 Remove MGRM CORDEL HERVE 7 PLACE CHARLES DULLIN #d Add PARIS 75018 FRANCE Remove Add 🗖 Remove ☐ Add Remove ___ Add ☐ Remove ☐ Add 🗂 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated___ SEPTEMBER 12 Signature of a member or authorized representative of a member

CORDEL HERVE