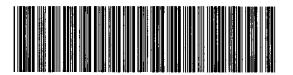
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COVER LETTER

TO: Re

Registration Section Division of Corporations

INDOCHINE MIAMI 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:

DIDIER DANTZIKIAN

Name of Person

INDOCHINE MIAMI LLC

Firm/Company

1334 WASHINGTON AVENUE

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

didierdantzikian@yahoo.fr

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

For further information concerning this matter, please call:

DIDIER DANTZIKIAN

_{at} 786, 352-3625

Name of Person

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



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INDOCHINE MIAMI LLC (Name of the Limited Liability	y Company as it now appears on our records.) Limited Liability Company)				
The Articles of Organization for this Limited Liability Corporation for the Limited Liability Corporation of the Limited Liability Corporation of the Limited Liability Corporation of the Liability of the Liabi		aı	nd assig	ned,	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ted liability company here:				
The new name must be distinguishable and end with the words "Lin	nited Liability Company," the designation "LLC"	or the abbrevia	ition "L.L	C."	-
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>				_
Enter new mailing address, if applicable:					-
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·		ಧ		-
		<u>5</u> .	#7)	1	-
B. If amending the registered agent and/or registered agent and/or the new registered office address.		enter the n		<u>the</u>	new
Name of New Registered Agent:					_
New Registered Office Address:	Enter Florida street address				_
	, Flori				_
	City	Zin	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 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.

12

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>:

<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGRM	FERNAND VAILLANT	1334 WASHINGTON AVENUE		
		MIAMI BEACH, FL 3313	89 ■ Remove	
AMBR	DIDIER DANTZIKIAN	1334 WASHINGTON AVENU	—— E ■ Add	
		MIAMI BEACH, FL 3313	9 □ Remove	
		<u> </u>		
			Remove	
			Add,	
			□ Remove	
			Add	
			□ Remove	
		water or	🗆 Add	



_□ Remove

. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effec	tive date, if other than the date of filing: (optional) fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the da	ate this document is filed by the Florida Department of State)
Date	June 13th, 2014
Daix	P
	sprature of a member or authorized representative of a member
	DIDIER DANTZIKIAN
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00