13000031704

(Red	questor's Name)	
(Ado	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
; (Bu:	siness Entity Nai	me)
(Doe	cument Number))
Certified Copies	Certificate	s of Status
Special Instructions to f	Filing Officer:	
		:

Office Use Only



800248485508

06/03/13--01012--015 **25.00

JUN - 4 2013

T. HAMPTON

COVER LETTER

Division of Corporations
SUBJECT: GROUPS (LC 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:
PIERRE JEANTEUR Name of Person
GROUP J Firm/Company
13590 50G ROAD Address
DELRAY BEACH FL, 33446 City/State and Zip Code
PASEANTEUR GHAIL CON E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PIERRE at (S&I) 806 65 97 Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

Registration Section

\$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

(Name of the Limited Liability Compa	ny as it now annears on our recor	de)
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	iability Company)	 /
The Articles of Organization for this Limited Liability Company	were filed on 03/01/20	and assigned
Florida document number 1120000 31704.	•	
This amendment is submitted to amend the following:		SECRETAR IVISION OF C
A. If amending name, enter the new name of the limited liab	ility company here:	P.
The new name must be distinguishable and end with the words "Limit" L.L.C."	ted Liability Company," the designa	ation "LLC" or the abbre hation
Enter new principal offices address, if applicable:	5091 CORO/VADO	dido-E
(Principal office address MUST BE A STREET ADDRESS)	BOXA RATION, FL,	33486
	·	
Enter new mailing address, if applicable:	5091 CORONADO	RIDGE
(Mailing address MAY BE A POST OFFICE BOX)	SOLA SATON, FL,	33486
		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	eet address
	, Flori	
	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 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>	<u>Name</u>	Address	Type of Action		
MGRM	JEANTEUR PIERRE	5091 CORDNADO RIDGE	Add		
		BOLA RATION FL 33486	Remove		
MGRM	JEANTEUR MELANIE	5091 CORONADO RIDGE	Add		
		BOXA RATON FL 33486	Remove		
			Add		
			Remove		
			Add		
			SEGRETARY DIVISION OF CO		
			THEO THEO SIMI		
			Add Remove		
			Remove		

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
, ,	
_	
_	
. ନ	T(211 0013 0
d_C	5/5/
	Signature of a member of authorized representative of a member
	HELANIE JEANTEUR, PIERAE JEANTEUR Typed or printed name of signee
	Dom 2 of 1

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
DIVISION OF CORPORATION

3. IN -3 PM 1: 35