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IPROGRAM S

· COVER LETTER

Divis	ion of Corp	orations			
SUBJECT:	DEGLON (CONSULTING LLC			
SUBJECT: _		Name of Lim	ited Liability Company		
The enclosed A	Articles of A	amendment and fee(s) are sub	mitted for filing.		
Please return a	ill correspon	dence concerning this matter	to the following:		
		Jean-Francois Deglon			
			Name of Person	W 100 CO	•
			Firm/Company		-
		14980 Windbluff St			_
			Address		
		Davie, FL 33331			_
			City/State and Zip Code		
		jfd.services.ch@gmail.com			
		E-mail address: (to be used for future annual rep	port notification)	
or further info	ormation co	ncerning this matter, please ca	all:		
Jean-Francois	Deglon		954 770 5	5348	
	Name of	Person	Area Code	Daytime Telephone Number	
Enclosed is a c	heck for the	following amount:			
■ \$25.00 Fili	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclos	ed) Certified	te of Status &

MAILING ADDRESS:

TO:

Registration Section

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

DECL	$\cap N$	CONST	II TING	IIC

(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 Con	mpany were filed on 03/06/2013 and assigned
Florida document number L13000034232	inputly were fired on
This amendment is submitted to amend the following:	
· ·	
A. If amending name, enter the new name of the limite	ed liability company here:
JEAN-FRANCOIS DEGLON LLC	
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	CSS)
	APR
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
imming data ess may be a root of rice box;	9 9 9 9
	5
B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:	ered office address on our records, enter the name of the new
New Registered Office Address:	
New Augustored Office Fiduless.	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	Agent:
provisions of all statutes relative to the proper and con accept the obligations of my position as registered age	nd agree to act in this capacity. I further agree to comply with the inplete performance of my duties, and I am familiar with and int as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			☐ Change
			□ Add
			□ Remove
		/	□ Add
			□ Remove
			□ Add
			□ Remove
			Change
		***	□ Aā₫: ::::::::::::::::::::::::::::::::::
			Remove
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<i></i>				
ctive date, if other than the effective date is listed, the date mu	olock does not meet the appli Department of State's records	cable statutory filing red s.	quirements, this date	.) Pursuant to 605. will not be liste
ecord specifies a delaye				
ecord specifies a delayene 90th day after the rec				
ecord specifies a delaye he 90th day after the rec March 29	cord is filed.	- -	-	
ecord specifies a delaye he 90th day after the rec March 29	, 2017			
ecord specifies a delaye le 90th day after the rec d March 29	2017 , Signature of a member or aut			17 APF
ecord specifies a delayene 90th day after the rec	Signature of a member or auti	horized representative of a		17 AFR -3
record specifies a delayence 90th day after the record af	Signature of a member or auti			

Filing Fee: \$25.00