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(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	12/20/17-≁01002-≁020 ★★25.00
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TO:	Registration Section
	Division of Corporations

JEAN-FRANCOIS DEGLON LLC

SUBJECT: _

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:

Jean-Francois Deglon

Name of Person

JEAN-FRANCOIS DEGLON LLC

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 report notification)

For further information concerning this matter, please call:

Jean Deglon	954 77	0 5348
	at ()	
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

■ S25.00 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

FILED 2011 DEC 20 PHIZEI DALLAHASSEE. FLORIDE

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

and assigned

The Articles of Organization for this Limited Liability Company were filed on 03/06/2013 Florida document number L13000034232

This amendment is submitted to amend the following:

JEAN-FRANCOIS DEGLON LLC

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

r new principal offices address, if applicable:	1500 Weston Rd
(Principal office address MUST <u>BE A STREET ADDRESS)</u>	Suite 200-28
	Weston, FL 33326
Enter new mailing address, if applicable:	1500 Weston Rd
(Mailing address MAY BE <u>A POST OFFICE BOX)</u>	Suite 200-28
<u></u>	Weston, FL 33326

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		. Florida
	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 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

		ianage, <u>enter the title, name, and addre</u>	ss of each person being added
MGR = N		FILE	Ď
AMBR = A	Authorized Member <u>Name</u>	EILE 2017 DEC 20 PH Address	Z 2 Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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ffective date, if other than the an effective date is listed, the date mus lote: If the date inserted in this bl ocument's effective date on the D	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020. ock does not meet the applicable statutory filing requirements, this date will not be listed as
e record specifies a delayed The 90th day after the rec	d effective date, but not an effective time, at 12:01 a.m. on the earlier o ford is filed.
December 12	2017
ated	
	Signature of a member or authorfred representative of a member
Jean-Francois Deglon	

Page 3 of 3

Filing Fee: \$25.00