

**L13000034232**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

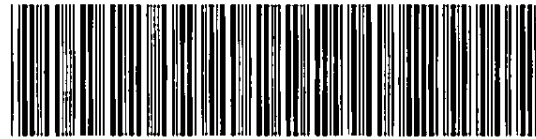
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: JEAN-FRANCOIS DEGLON 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:

Jean Deglon

Name of Person

Firm/Company

14980 Windbluff St

Address

Davie, FL 33331

City/State and Zip Code

jean@floridainv.com

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

For further information concerning this matter, please call:

Jean Deglon

954 990 0135  
at ( )

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

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## JEAN-FRANCOIS DEGLON LLC

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

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

**Enter new principal offices address, if applicable:**

100 SE 3rd Ave, Suite 1514

**(Principal office address MUST BE A STREET ADDRESS)**

Fort Lauderdale, FL 33394

**Enter new mailing address, if applicable:**

100 SE 3rd Ave, Suite 1514

**(Mailing address MAY BE A POST OFFICE BOX)**

Fort Lauderdale, FL 33394

**Name of New Registered Agent:**

New Registered Office Address:

Enter Florida street address

**Florida**

City

**Zip Code**

**New Registered Agent's Signature, if changing Registered Agent:**

**If Changing Registered Agent, Signature of New Registered Agent**

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

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JEAN-FRANCOIS DEGLON	14980 WINDBLUFF ST	<input type="checkbox"/> Add
		DAVIE, FL 33331	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

**E. Effective date, if other than the date of filing:** DECEMBER 20, 2018 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated NOVEMBER 30 2018

Signature of a member or authorized representative of a member

JEAN-FRANCOIS DEGLON

Typed or printed name of signee