

613 0000 37515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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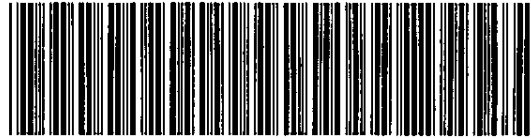
(Business Entity Name)

(Document Number)

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JAN 27 2014
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JAN 27 2014

J. Shivers JAN 30 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARTE SOLEIL FLORIDA LIMITED LIABILITY COMPANY
Name of Limited Liability Company

The enclosed Revocation of Articles of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

DANIEL PELLETIER MGRM
Contact Person

CARTE SOLEIL FLORIDA LIMITED LIABILITY COMPANY
Firm/Company

104 1ST STREET
Address

HALLANDALE, FL, 33009
City, State and Zip Code

DANIEL.PELLETIER091@SYMPATICO.CA
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL PELLETIER at (954) 918-2691
Name of Contact Person Area Code Daytime Telephone Number

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CARTE SOLEIL FLORIDA LIMITED LIABILITY COMPANY
(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 Company were filed on 3-12-2013 and assigned Florida document number 113000037515

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

104 1ST STREET
HALLANDER FL.
33009

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent:

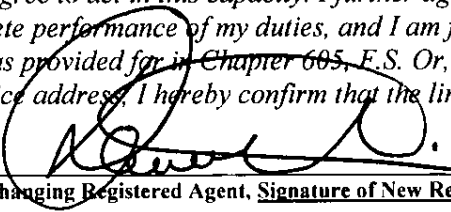
DANIEL PELLETIER MGRM

New Registered Office Address:

104 1ST STREET
Enter Florida street address
HALLANDER, Florida 33009
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.

 MGRM
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGRM DANIEL PELLETIER 104 11th STREET ☒ Add
HALLANDALE, FL 33009 ☐ Remove

BA DANIEL DEPELTEAU 3120 SW 51 ST AVE ☐ Add
DAVIE, FL 33314 ☒ Remove

Item	Quantity	Unit Price	Total Price	Action
				☐ Add
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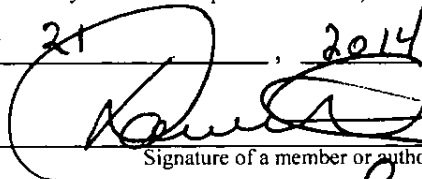
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: FILED DATE (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

1-21, 2014



MGRM

Signature of a member or authorized representative of a member

DANIEL PELLETIER

Typed or printed name of signee

14 JAN 27 2014
TALLAHASSEE, FLORIDA