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(Po	questor's Name)	
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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: Debd	ou Properties	LLC		
SUBJECT:	_ 	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Michael Kad	och, Esq.		
		Name of Person		
	Michael R. k	Kadoch, P.A.		
		Firm/Company		
	7501 NW 4tl	h Street, Suite 20	04	
		Address	~2	
	Plantation, F	FL 33317	ATE OF THE PROPERTY OF THE PRO	-
		City/State and Zip Code	JAN 27	Catalana Catalana
	michael@kadochl	aw.com to be used for future annual report notifi	ination \	\$ \$2°47°
For further information c	concerning this matter, please co	·	PR 3: 21	£
Michael Ka	doch	954, 713-94	423 gg 20	
Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	he 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)	
	ING ADDDESS	STAFFT COURT	CD ADDRESS	

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

Debdou Properties LLC (Name of the Limited Liability Compa	ny as it now appears on our records.	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)	.,
The Articles of Organization for this Limited Liability Company	were filed on 5/22/2013	and assigned
Florida document number L13000074970		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		22
Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		ن ب
		20 Cm 0
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here. Name of New Registered Agent:	fice address on our records, g:	enter the name of the
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	·
	Enter Florida Street address	
	, Floi	
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Salomon Marciano	51 Boulevard Du Larvotto	
		Monaco, MC 98000 MC	■ Remove
MGRM	Thierry Marciano	Case Postale 154	 Add
		1211 Geneve 17	Remove
		Suisse	
MGRM	Nancy Marciano	Case Postale 154	■ Add
		1211 Geneve 17	Remove
		Suisse	
MGRM	Kelly Rachel Marciano	Case Postale 154	⊒a.∧dd⊇
		1211 Geneve 17	Remove
		Suisse	27 PH 27 PH 27 PH
MGRM	Jimmy Moise Marciano	Case Postale 154	် - ြို့သို့ သုံး ်္သံုံး - ြို့သို့dd လုံ
		1211 Geneve 17	1> (° C)□ Remove
		Suisse	
MGRM	Jessica Rebecca Marciano	Case Postale 154	■ Add
		1211 Geneve 17	Remove
		Suisse	_

Effective date,	if other than the date of filing: (optional)
the date this docur	if other than the date of filing:
the date this docur	
the date this docur	ment is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

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