

U130000 77034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

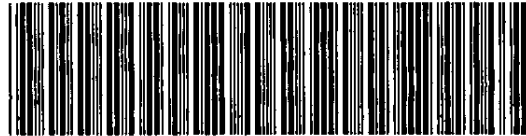
(Business Entity Name)

(Document Number)

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2016 APR 11 AM 8:22  
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APR 12 2016  
J SHIVERS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 24, 2016

NATACHA PIERRE  
14095 COLLIER BLVD  
NAPLES, FL 34119

SUBJECT: TOUSSE ENTERPRISE, LLC  
Ref. Number: L13000077034

We have received your document for TOUSSE ENTERPRISE, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 516A00006133

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

TOUSSE ENTERPRISE, LLC

(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 05/28/2013 and assigned  
Florida document number L13000077034.

This amendment is submitted to amend the following:

**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 "L.L.C."

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

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

14095 COLLIER BLVD

NAPLES, FL. 34119

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

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

14095 COLLIER BLVD

NAPLES, FL. 34119

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**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:

YONEL J. VIXAMAR

New Registered Office Address:

14095 COLLIER BLVD

*Enter Florida street address*

NAPLES

*City*

Florida 34119

*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

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>
MGR	ELIODE JOSEPH	11515 84TH STREET CIRCLE EA	<input type="checkbox"/> Add
		PARRISH, FL. 34219	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	YONEL J. VIXAMAR	14095 COLLIER BLVD	<input checked="" type="checkbox"/> Add
		NAPLES, FL. 34119	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

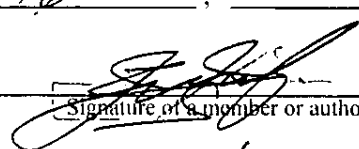
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 4/5/2016

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member.

Yonel J. Vixamar  
\_\_\_\_\_  
Typed or printed name of signee