

L130000 83232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

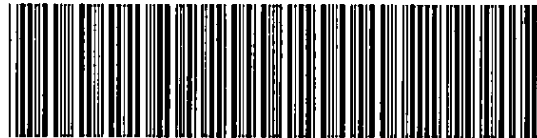
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 JUL 12 AM 10:12

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JUL 24 2013

T SCHROEDER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Haute Marché 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:

Javaris Williams  
Name of Person

\_\_\_\_\_  
Firm/Company

1131 NW 179<sup>th</sup> Ave  
Address

Pembroke Pines FL 33029  
City/State and Zip Code

JAVARIS.WILLIAMS@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAVARIS WILLIAMS at 954 235-0897  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

# HAUTE MARCHE LLC

Page 1 of 3

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

Title	Name	Address	Type of Action
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MGR	JAVIER'S WILLIAMS	1131 NW 17 <sup>th</sup> AVE	<input checked="" type="checkbox"/> Add
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		Pembroke Pines FL 33029	<input checked="" type="checkbox"/> Remove
--	--	-------------------------	--

AMBR	VANESSA GONZALEZ	1131 NW 17 <sup>th</sup> AVE	<input checked="" type="checkbox"/> Change
		Pembroke Pines FL 33029	<input checked="" type="checkbox"/> Add

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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FILED  
19 JUL 12 AM 10:12  
CLERK OF DISTRICT COURT  
FALL ALEXANDER, FLORIDA

15 JUL 12 7:10G 12  
SECURITY STATE  
ALL AMERICAN FLORIDA

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19 JUL 12 AM 10:12  
ST. LOUIS, MO  
FBI - MOBILE

**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.

Dated 7/1/2009

  
Signature of a member or authorized representative of a member

PAULA VILLEGAS  
Typed or printed name of signer