

L13000086615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

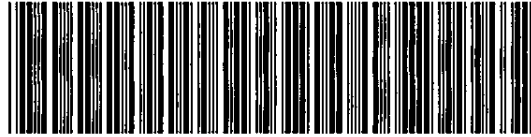
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

JAN 29 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GUERARD, 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:

LAWRENCE CAPLAN
Name of Person

LAWRENCE A. CAPLAN, D.A.
Firm/Company

1375 GATEWAY BLVD
Address

BOYNTON BEACH, FL 33428
City/State and Zip Code

LACAPLANLAW@BELL-SOUTH.NET
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

L. CAPLAN at (561) 988 6009
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

GUERRIARD, 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 _____ and assigned
Florida document number 13000086615

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 1366 SW 4TH COURT
(Principal office address MUST BE A STREET ADDRESS) BOCA RATON, FL

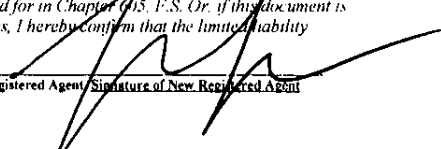
Enter new mailing address, if applicable: 1366 SW 4TH COURT
(Mailing address MAY BE A POST OFFICE BOX) BOCA RATON, FL

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: LAWRENCE A. CAPLAN, P.A.
New Registered Office Address 1375 GATEWAY BLVD
Enter Florida street address
BOYNTON BEACH, Florida 33426
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 615, 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

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TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> 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: _____ (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 JANUARY 14, 2015.

Signature of a member or authorized representative of a member
CAROL GUERRERO
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA