

L13000143546

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 13 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JACQUES GALES CDM, 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:

JEFF MARATHAS
Name of Person

MARATHAS & WILLIAMS PLLC
Firm/Company

211 SOUTH BISCAYNE BLVD, 28TH FLOOR
Address

MIAMI, FL 33131
City/State and Zip Code

JEFF@MARATHASWILLIAMS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEFF MARATHAS at (407) 329 3469
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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

JACQUES GALES CDM, 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 10/10/13 and assigned
Florida document number L13000143546

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:

(Principal office address MUST BE A STREET ADDRESS)

139 E. PALMETTO PARK RD.
BOCA RATON, FL 33432

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

139 E. PALMETTO PARK RD
BOCA RATON, FL 33432

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:

MACARTHUR & WILLIAMS PLLC

New Registered Office Address:

201 SOUTH BISCAYNE BLVD, 28th FLOOR

Enter Florida street address

Miami

City

, Florida 33131

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 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

Title	Name	Address	Type of Action
AMBR	WS & SONS INVESTMENT LLC	3 RUE du Commissionnaire ANTOINE BECKER	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

BERGHEIM, FRANCE 68750

AMBR	CG INVESTMENT USA LLC	6 RUE Bayard	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		Apt 2017	<input type="checkbox"/> Remove

TOULOUSE, FRANCE 31000

AMBR	SAS GAUCES PRESTIGE	6 RUE Bayard	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		Apt 2017	<input checked="" type="checkbox"/> Remove

TOULOUSE, FRANCE 31000

MGR	Williams Pinville	264 Chemin des Basses Ribes	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
		GRASSE, FRANCE 06130	<input checked="" type="checkbox"/> Remove

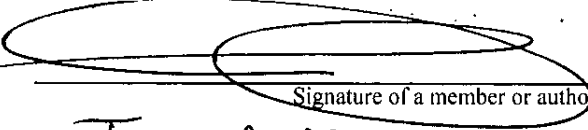
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☐ Add
☐ Remove
☐ Add
☐ Remove

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 _____



Signature of a member or authorized representative of a member
Jeremy P. Martin

Typed or printed name of signee

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TALLAHASSEE, FLORIDA