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(Re	equestor's Name)		
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(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	ısiness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			





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Enclosed is a check for the following amount:

Name of Person

□ \$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:

Daytime Telephone Number

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2015 JUL -6 PM 2: 19

JALQUES GI	ALES COM	LL JAH AHASE TARY OF	STATE
(Name of the Limited Li (A F)	ability Company as it now apported Limited Liability Compan	nears on our records.)	二分的資
The Articles of Organization for this Limited Liabili Florida document number	• •	_10/10/2013_a	and assigned
This amendment is submitted to amend the followin			
A. If amending name, enter the new name of the	limited liability company	y here:	
The new name must be distinguishable and contain the words	Limited Liability Company," to	he designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable	 , ,		
(Principal office address MUST BE A STREET AI	DDRESS)		
		·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or r registered agent and/or the new registered office:		on our records, enter the r	name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter	Florida street address	<u></u>
	Zracr .		
-	City	, Florida Zip	o 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 = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AKBR	CG INVESTMENT US	Apt 2017 31000 Toulouse, FRA	
	-	Apt 2017	Remove
		31000 Toulouse, FRA	√€ Change
			Add
			□ Remove
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			Remove
			17. CI

amending any other information, enter change(s) here: (Atta	ach additional sheets, y necessary.)
	
	Conference of the conference o
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of lote: If the date inserted in this block does not meet the applicable state ocument's effective date on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0207 (a tutory filing requirements, this date will not be listed as the
e record specifies a delayed effective date, but not an e The 90th day after the record is filed.	ffective time, at 12:01 a.m. on the earlier of:
ated 06/27/2015,	
\mathcal{X}_{-}	
Signature of a member or afthorized re	presentative of a member

Page 3 of 3

Filing Fee: \$25.00