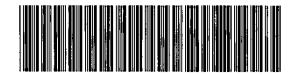
L13000173271

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECTS

MON PLAISIR, 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:

RASHIDA JOEMMANKHAN

Name of Person

Firm/Company

1521 SW 5TH STREET

Address

FORT LAUDERDALE, FL 33312

City/State and Zip Code

RASHIDA@MSN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RASHIDA JOEMMANKHAN

305 321-9034

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 ARTICLES OF ORGANIZATION **OF**

MON PLAISIR, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records. Limited Liability Company))
The Articles of Organization for this Limited Liability C Florida document number L13000173271	Company were filed on 12/13/13	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	2014 5
The new name must be distinguishable and end with the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		A PT
(Principal office address MUST BE A STREET ADDR	RESS)	77
		97.7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
Al-Marie Silver	, Flor	rida Zip Code
New Registered Agent's Signature, if changing Registered	•	•

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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	EDGAR JOEMMANKHAN	1521 SW 5TH ST.	IZ Add
		FORT LAUDERDALE, FL 33312	□ Remove
MBR	ANWAR EDGAR JOEMMANKHAN	16117 Sandcrest Way	
·		Tampa, FL 33618	☐ Remove
			2011 SEP SEGRET
			Addd PAC 27 PAC
			PATE CO
		· · · · · · · · · · · · · · · · · · ·	D Add
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			□ Add
			□ Remove
			□ Remove
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Effective date, if other than the date of	September 17, 2014 (op	tional)
Effective date, if other than the date of The effective date must be specific, cannot be prior the date this document is filed by the Florida Dep	or to date of receipt or filed date and cannot be more than 90 day	e after
The effective date must be specific, carnot be pro	it to date of receipt of fried date and carmot be more than 90 day	
the date this document is filed by the Florida Dep Dated September 17	partment of State) 2014	e after
the date this document is filed by the Florida Dep Dated September 17	partment of State) 2014 ge of a member or authorized representative of a member	e after

Page 3 of 3

Filing Fee: \$25.00