11400000 7200

//>//		
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
•	,	
		(0)
(Cri	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	ısiness Entity Nan	ne)
(,
(Do	ocument Number)	
Certified Copies	Certificates	of Status
		· · ·
Special Instructions to	Filing Officer:	
		•

Office Use Only



700305081327

10/30/17--01035--018 **25.00

2017 OCT 30 PM 2: 45

K. SALY NOV - 1 2017

COVER LETTER

TO:	Registration Se Division of Cor		-port	
		SE ET CHRIS, LLC	•	
SUBJE	CT:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please 1	return all correspo	ndence concerning this matter	to the following:	
		FRANCOISE ROUSSEAL	J	
			Name of Person	**************************************
		FRANCOISE ET CHRIS,	LLC	
			Firm/Company	
		10309 CYPRESS ISLE CT	7	
			Address	
		ORLANDO, FL 32836		
			City/State and Zip Code	
		domdel03@yahoo.com		
		E-mail address: (to be used for future annual report notif	ication)
For furt	her information co	oncerning this matter, please ca	all:	
DOMIN	VIQUE DELCOU	RT	321 4602033	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
§ \$25	i.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)

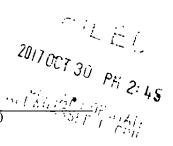
MAILING ADDRESS:

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



FRANCOISE ET CHRIS

(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 Florida document number L14000007200	Company were filed on 01/13/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	ORESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		rds, <u>enter the name of the ne</u>
Name of New Registered Agent:		·····
New Registered Office Address:	Enter Florida street ada	lears.
	City	Florida 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M AMBR = A	lanager authorized Member	2017 OCT 30 PM 2: 46	
<u>Title</u>	<u>Name</u>	Address All The Property 2: 46	Type of Action
MGRM	ANDRE KASPRZAK	THE SHAP SELECTIONS	□ Add
			Remove
			☐ Change
MGRM	CHRISTOPHE MEUNIER		
			Remove
			Change
			Add
			Remove
			☐ Change
			Remove
			Change
		·····	🗆 Add
			Remove
			Change
			Remove
			☐ Change

	~ // 、
	2017 OCT 30 FF 2:
	TALL AND THE STATE OF THE STATE
	TATILATINA PH 2:
	
- 	
fective date, if other than the date of filing:	(optional)
the content is the date in the date in this block does not meet the applicable status cument's effective date on the Department of State's records.	titing or more than 90 days after fitting.) Pursuant to 605,026 story filling requirements, this date will not be listed a
record specifies a delayed effective date, but not an eff The 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlier (
10/20/2017	1
ited	h. A

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00