

L4000025407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

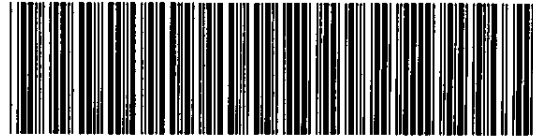
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/25/14--01003--010 **25.00

FILED
JUN 26 2014
BOSTON

B. BOSTICK

JUN 26 2014

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **zoe fl invest 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:

jean louis lenormand

Name of Person

jll accounting pa

Firm/Company

5213 sw 91 ter

Address

cooper city, fl 33328

City/State and Zip Code

lenorjl@yahoo.com

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

For further information concerning this matter, please call:

jean louis lenormand

Name of Person

954 257-3033

at (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

zoe fl invest llc

Page 1 of 3

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

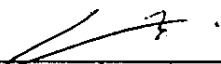
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>mgr</u>	<u>wegnerowicz halina</u>	<u>517 arthur godfrey rd miami beach ,fl 33140</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>mgr</u>	<u>wegnerowicz zoe</u>		<input type="checkbox"/> Add
		<u>517 arthur godfrey rd miami beach, fl 33140</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> 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 06/28/14



Signature of a member or authorized representative of a member
LENORALAND Jean-Louis

Typed or printed name of signee

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2014 JUN 30 PM 3:11

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