

L14000005143S

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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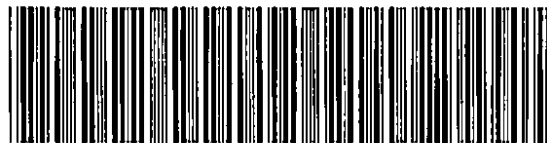
(Business Entity Name)

(Document Number)

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17 JUL 14 PM 3:45  
FBI - NEW YORK

D. SCOTT

JUL 17 2017

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: JCD BEACH 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:

PEYRONNET, FRANCIS

\_\_\_\_\_  
Name of Person

FP INVESTMENT PROVIDER LLC

\_\_\_\_\_  
Firm/Company

3030 N ROCKY POINT DR. W, SUITE 150

\_\_\_\_\_  
Address

TAMPA, FL 33607-7200

\_\_\_\_\_  
City/State and Zip Code

FRANCIS@FP-IP.COM

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

For further information concerning this matter, please call:

PEYRONNET, FRANCIS                      813      580 9709  
\_\_\_\_\_  
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

FILED  
JUN 11 2009  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

JCDBEACH 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 03/28/2014 and assigned  
Florida document number L14000051435.

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 contain 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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

JACQUES DECROZANT, JCDBEACH LLC

18 RUE D'ANDIGNÉ

75016 PARIS, FRANCE

**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:

FPINVESTMENT PROVIDER LLC

New Registered Office Address:

6501 SE FAIRER DR.

Enter Florida street address

TAMPA

City

Florida 33615

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MEMBR	DECROZANT, CHARLOTTE	4337 17TH AVE S	<input type="checkbox"/> Add
		ST. PETERSBURG, FL 33711	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GARNIER, OLIVIER SR.	PO BOX 926	<input type="checkbox"/> Add
		ST. PETERSBURG, FL 33731	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
JUN 17 2019  
ST. PETERSBURG, FL

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated JULY 5, 2017

Sheldon

Signature of a member or authorized representative of a member

JACQUES DECROZANT  
Typed or printed name of signer

Typed or printed name of signee

FILED  
JUL 11 1963  
FBI  
earlier of: