LI40W5U4a

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------------|
| (Ac | idress) | |
| (Ac | idress) | |
| (Ci | ty/State/Zip/Phone | ; #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 26, 2015

FRANCOIS GABRIEL MATHIEU 2393 SOUTH CONGRESS AVENUE, SUITE 200 WEST PALM BEACH, FL 33406

SUBJECT: CARLEX, LLC Ref. Number: L14000056042

We have received your document for CARLEX, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 815A00004093

COVER LETTER

| | stration Sect sion of Corp | | | | | | |
|-----------------|-------------------------------|---|---|--------------------------|----------------|----------|---|
| CUDIECT. | CARLEX | LLC | | | | | |
| SUBJECT: | | Name of Lin | nited Liability Company | | | | |
| | | | | | | | |
| The enclosed | Articles of A | mendment and fee(s) are sub | omitted for filing. | | | | |
| Please return | all correspond | dence concerning this matter | to the following: | | | | |
| | | François Gabriel M | ATHIEU | | | | |
| | | | Name of Person | | | | |
| | | CARLEX LLC | | | | | |
| | | | Firm/Company | | | | |
| | | 2393 South Congre | ss avenue suite 200 | | | | |
| | | | Address | | | | |
| | | West Palm Beach / | FLOTIDA 33406 | | | | |
| | | (| City/State and Zip Code | | | | |
| | | fgvmat@gmail.com E-mail address: (| to be used for future annual rep | oort notification) | | | |
| For further inf | ormation con | cerning this matter, please c | all: | · | | | |
| François N | MATHIEU | | 305 504 | 9810 | | | |
| | Name of P | erson | | Daytime Telephone Number | | 2015 FEB | |
| Enclosed is a | check for the | following amount: | | | | 26 | |
| □ \$25.00 Fil | ling Fee | ■ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclose | ed) Certified | e of Stailis & | AH 9: 49 | M |

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

| CARLEX LĹÇ, | | | |
|---|---|--|--|
| (Name of the Limit | ed Liability Compa (A Florida Limited I | ny as it now appears on our records.) iability Company) | |
| The Articles of Organization for this Limited Li Florida document number <u>L14000056042</u> | íability Company | were filed on <u>04/07/2014</u> | and assigned |
| This amendment is submitted to amend the following | owing: | | |
| A. If amending name, enter the new name of | f the limited liab | ility company here: | |
| The new name must be distinguishable and end with the | words "Limited Liab | ility Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applic | able: | 2393 South Congress ave | nue |
| (Principal office address MUST BE A STREE | T ADDRESS) | suite 200 | |
| | | West Palm Beach, FL 334 | 06 |
| Enter new mailing address, if applicable: | | 2393 South Congress ave | nue |
| (Mailing address MAY BE A POST OFFICE | BOX) | suite 200 | |
| | | West Palm Beach, FL 334 | 06 |
| B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent: | | <u>e</u> : | nter the name of the new |
| New Registered Office Address: | 2393 South | Congress avenue | |
| New Registered Office Address. | | Enter Florida street address | (02) N |
| | West Palm | | a <u>33406</u> م |
| | | City | Zip Gode |
| New Registered Agent's Signature, if changing l | | | |
| I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this | er and complete stered agent as p registered office | performance of my duties, and I provided for in Chapter 605, F.S. | am familiar with and Or, if this document is |
| | If Char | nging Registered Agent, Signatufe of Ne | w Registered Agent |

Page 1 of 3

11 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> | Name | Address | Type of Action |
|--------------|---|-----------------------------------|----------------|
| AMBR | SA Partenaires Livres | Maison du Livre, 25 rue J.Dolent, | Add |
| | | 75014 Paris, France | □ Remove |
| | | | |
| | | | Remove |
| | | | □ Add |
| | | | Remove |
| | | | Add |
| | | | Remove |
| <u></u> | • · · · · · · · · · · · · · · · · · · · | | FEB 26 AP |
| | | | FISHER C |
| | | | Add |
| | | | Remove |
| | | | |

| Operate all Transport by car, Lin | nousine services, non meter cab, rental car |
|--|---|
| air transport : Helicopter, jet aircr | aft |
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| | |
| e effective date must be specific, cannot be prior to dat | e of receipt or filed date and cannot be more than 90 days after |
| he effective date must be specific, cannot be prior to dat the date this document is filed by the Florida Department 21st FFRRUARY | e of receipt or filed date and cannot be more than 90 days after |
| the effective date must be specific, cannot be prior to date this document is filed by the Florida Department 21st FFRRIARY | e of receipt or filed date and cannot be more than 90 days after t of State) |
| the date this document is filed by the Florida Department 21st FEBRUARY , | e of receipt or filed date and cannot be more than 90 days after t of State) |

Page 3 of 3

Filing Fee: \$25.00

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