

L14 0000 69778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

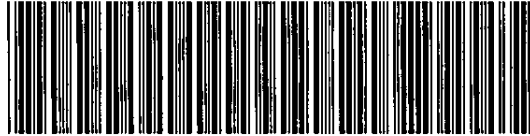
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500266514505

11/24/14--01006--001 **25.00

FILED
14 NOV 24 AM 7:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 Shivers DEC 04 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MACONE INVESTMENTS USA 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:

CHRISTOPHER WILLIAMS

Name of Person

MARATHAS& WILLIAMS

Firm/Company

201 S BISCAYNE BLVD 28TH FLOOR

Address

MIAMI FLORIDA 33131

City/State and Zip Code

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

For further information concerning this matter, please call:

CHRISTOPHER WILLIAMS

Name of Person

at (**985**) **6407347**

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

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

MACONE INVESTMENTS USA 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 04/29/2014 and assigned Florida document number L14000069779.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1530 EAST SAMPLE ROAD

(Principal office address MUST BE A STREET ADDRESS)

POMPAÑO FLORIDA 33064

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City, Florida

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

FILED
14 NOV 24 AM 7:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
AMBR	STEPHANIE MACONE	3 CHEMIN BOSC BOUZIGUES	<input type="checkbox"/> Add
		FRANCE, FR 34140 FR	<input checked="" type="checkbox"/> Remove
AMBR	JEAN-PHILIPPE MACONE	3 CHEMIN BOSC BOUZIGUES	<input checked="" type="checkbox"/> Add
		FRANCE, FR 34140 FR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

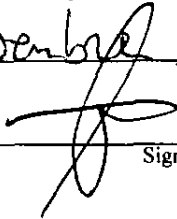
FILED
14 NOV 24 PM 7:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 November 17, 2014



Signature of a member or authorized representative of a member

JEAN-PHILIPPE MACONE

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 NOV 24 AM 7:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA