## L14000168688

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

T. Burne MON 10 2014

## COVER LETTER

,	ision of Corp			
SUBJECT:	CARTIEF	R & FOUCHER, LLC		
oca pe 1.	· · · · · · · · · · · · · · · · · · ·	Name of Limi	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		VANINA JOULIN BA	TEJAT	
			Name of Person	,
		USAFRANCE, LLC		
•			Firm/Company	
		2551, HWY 70 SW		
			Address	
		HICKORY NC 2860	2	
City/State and Zip Code				
		info@reussirusa.com	to be used for future annual report notific	notion)
For further i	information co	oncerning this matter, please ca	·	satton)
VANINA	JOULIN E	BATEJAT	828 327-2290	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CARTIER & FOUCHER, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000168688</u> .	were filed on OCTOBER 29, 2	2014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		AG Z
(Principal office address MUST BE A STREET ADDRESS)		≥≅ ₹ 1
		S I TOTAL STATE OF THE STATE OF
Enter new mailing address, if applicable:	USAFRANCE, LLC	E GF S
(Mailing address MAY BE A POST OFFICE BOX)	2551 HWY 70 SW	
	HICKORY NC 28602	A
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:	<del>-</del>	enter the name of the ne
New Registered Office Address:		
Now Registered Office Address.	Enter Florida street address	<u> </u>
	, Flori	
	City	Zip Code
Now Designated Agent's Signature if shanging Designand Agent	•	

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 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	FABIEN FOUCHER	USAFRANCE, LLC	□ Add
		2551 HWY 70 SW	■ Remove
		HICKORY NC	
		,	Add
			Ramove LCC AHASA
			ALLAHASSEE, FLORIDA
		<del></del>	Remove
			Remove
			□ Remove

D.	f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
	,				
	,	,			
					<del></del>
E.	Effective date, if other than the (The effective date must be specific, can the date this document is filed by the F	not be prior to date of rece	nipt or filed date and	cannot be more than 90	(optional) days after
	Dated OCTOBER 30	201	4		
		Nadoce 1	getiec-	Foucher	
		Signature of a member	or authorized repres	sentative of a member	
	NADEGE CARTI		or printed name of c	imaa	
		Typeu c	or printed name of s	iRiice	

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Filing Fee: \$25.00