

L14 00016666

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 30 2015 MAY 06 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHANGE OF LLC'S ADDRESS

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:

NADEGE CARTIER FOUCHER

Name of Person

CARTIER & FOUCHER LLC - DBA DIXIE PRINTING AND MAILING

Firm/Company

1716 N. RONALD REAGAN BLVD

Address

City/State and Zip Code

LONGWOOD, FL 32750

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

For further information concerning this matter, please call:

FABIEN FOUCHER

407 331-8831
at ()

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

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

CARTIER & FOUCHER LLC (DBA DIXIE PRINTING AND MAILING)

(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 10/29/2014 and assigned
Florida document number L14000168688.

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) _____

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:

NADEGE CARTIER FOUCHER & FABIEN FOUCHER

New Registered Office Address:

1716 N. RONALD REAGAN BLVD

Enter Florida street address

LONGWOOD,

Florida 32750

City

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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15 APR 30 PM 4:51
 SECRETARY OF STATE
 ALL INFORMATION CONTAINED
 HEREIN IS UNCLASSIFIED
 DATE 11/11/01 BY 60322 UC/ML

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

CHANGE OF MAILING ADDRESS

THE NEW ADDRESS IS

CARTIER & FOUCHER LLC (DBA DIXIE PRINTING AND MAILING)

1716 N. RONALD REAGAN BLVD

LONGWOOD, FL 32750

CHANGE OF PRINCIPAL ADDRESS

THE NEW PRINCIPAL ADDRESS IS SIMILAR TO MAILING ADDRESS

CARTIER & FOUCHER LLC (DBA DIXIE PRINTING AND MAILING)

1716, N. RONALD REAGAN BLVD

LONGWOOD, FL 32750


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 605.9207 (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 04/27/2015



Signature of a member or authorized representative of a member

NADEGE CARTIER FOUCHER

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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