L140001910029

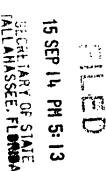
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:		
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COVER LETTER

TO:	Registration Sec Division of Corp			
CITE		FLORIDE LLC		
SUE	SJECT:		d Liability Company	
The	enclosed Articles of A	amendment and fee(s) are subm	itted for filing.	
Plea	se return all correspon	dence concerning this matter to	the following:	
		FABRICE HERZSTEIN		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		VIVRE EN FLORIDE LLC		
			Firm/Company	
		20801 BISCAYNE BOULE	VARD SUITE 403 #1001	
			Address	
		AVENTURA, FL 33180		
			City/State and Zip Code	
		FABRICE.MCHCONSULTI	-	
		E-mail address; (to	be used for future annual report notifica	tion)
For	further information co	ncerning this matter, please call	l:	
FAI	BRICE HERZSTEIN		786 521-3977 at ()	
	Name of	Person	Area Code Daytime To	elephone Number
Encl	losed is a check for the	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

VIVRE EN FLORIDE LLC							
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)						
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000190029</u>	were filed on 12/12/2014	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 contain the words "Limited Liabi	lity Company," the designation "LLC" or the abl	previation "L.L.C."					
Enter new principal offices address, if applicable:	20801 BISCAYNE BOULEVARD						
(Principal office address MUST BE A STREET ADDRESS)	SUITE 403 # 1001						
	AVENTURA, FL 33180 ► Co						
Enter new mailing address, if applicable:	20801 BISCAYNE BOULEVARD	15 SEP					
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 403 # 1001	S ≥ = = = = = = = = = = = = = = = = = =					
	AVENTURA, FL 33180	me 3 m					
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the frame of the new					
Name of New Registered Agent:							
New Registered Office Address:	Enter Florida street address						
	, Florida						
	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

Title	<u>Name</u>	Address	Type of Action
AMBR	STEPHANE FRUTOS	18 CHEMIN DES GENTIS	
		VIEILLE TOULOUSE, FR	■ Remove
		31320 FRANCE	Change
AMBR	ANNE FRUTOS	18 CHEMIN DES GENTIS	
		VIEILLE TOULOUSE, FR	■ Remove
		31320 FRANCE	≱ c. □ ch ange
AMBR	ALEXANDRE HERRMANN	10 RUE DE LOUISIANE APTC78	SEP TO THE SEP
		TOULOUSE, FR	PRES.
		31200 FRANCE	St. Change
			Add
			Remove
			Change
			Add
•			Remove
			Change
			□ Remove
			☐ Change

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If an effective date Note: If the dat	, if other than the da e is listed, the date must be te inserted in this block ective date on the Depar	specific and does not m	cannot be pri	or to date of licable statu	filing or mor	e than 90 days	optional) safter filing.) s, this date v	Pursuant	to 605.0	0207 d as
ne record spe The 90th d	ecifies a delayed el ay after the record	ffective d I is filed.	ate, but r	not an eff	fective tir	ne, at 12:	01 a.m. d	n the e	earlie	r of
Dated	MBER 10TH	,	2015							
			_	Y-#		4				
				7	20					

Page 3 of 3

Filing Fee: \$25.00