

L14000190029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

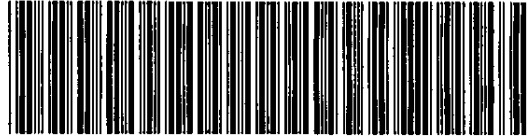
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 15 2015

Y SULKE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VIVRE EN FLORIDE 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:

FABRICE HERZSTEIN

Name of Person

VIVRE EN FLORIDE LLC

Firm/Company

20801 BISCAYNE BOULEVARD SUITE 403 #1001

Address

AVENTURA, FL 33180

City/State and Zip Code

FABRICE.MCHCONSULTING@GMAIL.COM

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

For further information concerning this matter, please call:

FABRICE HERZSTEIN

786

521-3977

at ()

Name of Person

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

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>
AMBR	STEPHANE FRUTOS	18 CHEMIN DES GENTIS	<input type="checkbox"/> Add
		VIEILLE TOULOUSE, FR	<input checked="" type="checkbox"/> Remove
		31320 FRANCE	<input type="checkbox"/> Change
AMBR	ANNE FRUTOS	18 CHEMIN DES GENTIS	<input type="checkbox"/> Add
		VIEILLE TOULOUSE, FR	<input checked="" type="checkbox"/> Remove
		31320 FRANCE	<input type="checkbox"/> Change
AMBR	ALEXANDRE HERRMANN	10 RUE DE LOUISIANE APTC78	<input checked="" type="checkbox"/> Add
		TOULOUSE, FR	<input checked="" type="checkbox"/> Remove
		31200 FRANCE	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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(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 605.0207 (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.

Dated SEPTEMBER 10TH 2015

~~Handwritten signature~~

FABRICE HERZSTEIN

Typed or printed name of signee