

L14000195155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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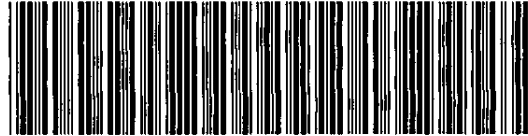
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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TALLAHASSEE, FLORIDA

JUN 01 2015

S MASON

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: A AND MAILLE GIRLS 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:

VANESSA ELMALEH, ATTORNEY AT LAW

Name of Person

CILS, INC.

Firm/Company

407 LINCOLN ROAD, SUITE 12F

Address

MIAMI BEACH FL 33139

City/State and Zip Code

attorney.velmaleh@gmail.com

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

For further information concerning this matter, please call:

VANESSA ELMALEH, ATTORNEY AT LAW

at ( 305 ) 600 0164

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

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## Page 1 of 3

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>
MGRM	LEVY LAURA	407 LINCOLN RD #12F	<input type="checkbox"/> Add
		MIAMI FL 33139	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MAILLE GIRLS SARL	1 RUE DE LA BIENFAISANCE	<input type="checkbox"/> Add
		VINCENNES FR 94300 FR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MAILLE GIRLS S.A.S.	1 RUE DE LA BIENFAISANCE	<input checked="" type="checkbox"/> Add
		VINCENNES FR 94300 FR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**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)**

(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.

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 May 19th, 2015

Signature of a member or authorized representative of a member

VANESSA ELMALAH, ATTORNEY AT LAW - Attorney in Fact

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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