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## **COVER LETTER**

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ro:	Registration Sec Division of Corp				
		Enterprises, LLC			
SUBJE	CT:	Name of Limit	ed Liability Company		
The enc	losed Articles of 7	Amendment and fee(s) are subn	nitted for filling.		
		ndence concerning this matter to			
		Maxime Coulanges			
			Name of Person		
			Firm/Company		
	İ	2252 Claremont Lu			
			Address		
		Tallahassee, Florida 32301			
			City/State and Zip Code		
		maxime954@yahoo.com		· · · · · · · · · · · · · · · · · · ·	
For fur	ther information c	E-mail address: (to oncerning this matter, please ca	o be used for future annual report	Bouncación	
	ne Coulanges		954 729-379		
	Name o	f Person	Area Code Da	ytime Telephone Number	<b>□</b>
12	n in the character	ne following amount:			7.00 - P.C.
	5,00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Co	f Status & 🖽 🗢
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	MAIL Regist Divisio P.O. B	ANG ADDRESS: ration Section on of Corporations fox 6327 assee, FL 32314	Registration S Division of Co Clifton Buildi	orporations ng ve Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MC Internet Enterprises, LLC (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  $\frac{2/41/2015}{2}$ Florida document number  $\stackrel{\text{L}15000025623}{=}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Coulanges, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 2252 Claremont Ln Enter new mailing address, if applicable: Tallahassee, Florida 32301 (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: New Registered Office Address: Enter Florida street address

## 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. Thereby 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>	Name	Address	Type of Action
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Filing Fee: \$25.00