L1500036314

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	.==.=
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nam	ne)
(Do	ocument Number)	<u></u>
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COVER LETTER

то:	Registration Se Division of Cor	ction porations		
CUDI	IPCT.	1O:	SSI LLC	
SUBJ	ECT:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	· ·	
		AL	AIN VAN DOOSSELAERE	
			Name of Person	
		PERSONA	ALIZED BUSINESS SOLUTIONS	SINC
			Firm/Company	
			1800 SW 1ST AVE STE 306	
			Address	•
			MIAMI, FL 33129	
			City/State and Zip Code	
			PERBUSSOL@AOL.COM to be used for future annual report noti	fication)
For fu	orther information of	oncerning this matter, please ca		neamon)
1 01 14	ALAIN VAN D		786 294-0875	
	Name of		at ()	e Telephone Number
Enclos	sed is a check for th	e following amount:		
□ \$2	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)
		ING ADDRESS:	STREET/COURI	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOSSI LL			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL15000036314	were filed on	02/26/2015	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de-	signation "LLC" or the ab	breviation "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 of registered agent and/or the new registered office address here Name of New Registered Agent:		our records, <u>enter</u>	the name of the
New Registered Office Address:	Enter Florid	la street address	
		, Florida	
		. Fibilia	
	City	, Florida	Zip Code

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

company has been notified in writing of this change.

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>	Address	Type of Action
MGR	SOPHIE BONNET	310 RUE CHARLES DE GAULLI	
		17940 RIVEDOUX PLAGE	≅ Remove
		FRANCE	Change
MGR	JULIE BOUCLAUD	310 RUE CHARLES DE GAULLI	
		17940 RIVEDOUX PLAGE	■ Remove
		FRANCE	□ Change
MGR	OLIVIER RODE	LE FRIGOULA	■ Add
		11220 ST LAURENT DE LA CA	☐ Remove
		FRANCE	□ Change
MGR	SIMON RABILLER	28 RUE DES SALINES	■ Add
		17690 ANGOULINS	□ Remove
		FRANCE	□ Change
			Add
		2000	Remove Change Add
			Remove

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n effective termination of the comment of the comme	date, if other than the date of filing:
on effective to the comment of the content of the c	we 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 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records. It is specified a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
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an effective ote: If the ocument ocu	defective date in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records. despecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier the day after the record is filed. OCTOBER 21 Signature of a member or authorized representative of a member
an effective ote: If the ocument ocu	defective date in this block does not meet the applicable statutory filing requirements, this date will not be listed affective date on the Department of State's records. It is specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier th day after the record is filed. OCTOBER 21 Signature of a member or authorized representative of a member Signature of a member or authorized representative of a member
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Filing Fee: \$25.00