

L15000036314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

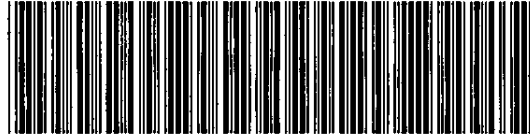
(Business Entity Name)

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SECRETARY OF STATE
ALLIANCE, FLORIDA

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: JOSSI 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:

ALAIN VAN DOOSSELAERE

Name of Person

PERSONALIZED BUSINESS SOLUTIONS INC

Firm/Company

1800 SW 1ST AVE STE 306

Address

MIAMI, FL 33129

City/State and Zip Code

PERBUSSOL@AOL.COM

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

For further information concerning this matter, please call:

ALAIN VAN DOOSSELAERE

at 786 294-0875

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

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>
MGR	SOPHIE BONNET	310 RUE CHARLES DE GAULLE	<input type="checkbox"/> Add
		17940 RIVEDOUX PLAGE	<input checked="" type="checkbox"/> Remove
		FRANCE	<input type="checkbox"/> Change
MGR	JULIE BOUCLAUD	310 RUE CHARLES DE GAULLE	<input type="checkbox"/> Add
		17940 RIVEDOUX PLAGE	<input checked="" type="checkbox"/> Remove
		FRANCE	<input type="checkbox"/> Change
MGR	OLIVIER RODE	LE FRIGOULA	<input checked="" type="checkbox"/> Add
		11220 ST LAURENT DE LA CA	<input type="checkbox"/> Remove
		FRANCE	<input type="checkbox"/> Change
MGR	SIMON RABILLER	28 RUE DES SALINES	<input checked="" type="checkbox"/> Add
		17690 ANGOULINS	<input type="checkbox"/> Remove
		FRANCE	<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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[illegible]

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 OCTOBER 21, 2015

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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