

L15000038899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

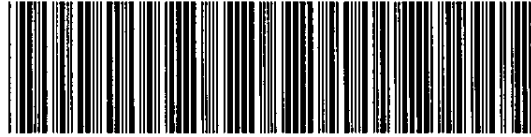
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 JUN 15 PM 12 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JUN 16 2015

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COVER LETTER

**TO: Registration Section
Division of Corporations**

LE MARCHE CAFE LLC

SUBJECT: _____
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:

Marcus Schwander

Name of Person

Selection Schwander LLC

Firm/Company

512 SW 20TH RD

Address

Miami, FL 33129

City/State and Zip Code

marcus@semagroup.ch

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

For further information concerning this matter, please call:

Marcus Schwander

305

7942685

at (_____) _____

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

I.E MARCHE CAFE 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 03/03/2015 and assigned
Florida document number L15000038899.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

Florida

City

Zip Code

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, I hereby 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JACOT & CO. INC.	2155 WASHINGTON COURT	<input type="checkbox"/> Add
		APT 604	<input type="checkbox"/> Remove
		MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change
AMBR	GOEL CAPITAL LLC	2451 BRICKELL AVENUE	<input type="checkbox"/> Add
		SUITE 17K	<input type="checkbox"/> Remove
		MIAMI, FL 33129	<input checked="" type="checkbox"/> Change
AMBR	GUIZAR, LAURA P	512 SW 20TH RD	<input type="checkbox"/> Add
		MIAMI, FL 33129	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ROSARIO, GLENNYS	2035 SW 21ST ST	<input type="checkbox"/> Add
		MIAMI, FL 33145	<input type="checkbox"/> Remove
			<input checked="" 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

FILED
2015 JUN 15 PM 12:00
CLERK OF DISTRICT COURT
MIAMI, FL 33139

2015 JAN 15
DEPT. OF
WILDLIFE

2015 JUN 15 PM 12
CLERK OF SUPERIOR COURT
CLARK COUNTY, NEVADA
Pursuant to 606
will not be liable

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be filed as the document's effective date on the Department of State's records.

Dated 6TH OF JUNE, 2015

Signature of a member of authority

Signature of a member or authorized representative of a member

Marcus Schwander (Selection Schwander LLC)

Typed or printed name of signee