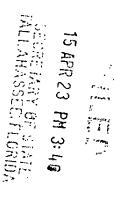
## L150000 (576)

Office Use Only



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## **COVER LETTER**

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CUD IECT	•	ean +co L.L.C		
SUBJECT		Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retui	m all correspo	ndence concerning this matter	to the following:	
		Jean Lafaille Cidone	•	
			Name of Person	
			Firm/Company	
		520 Anise Court		
			Address	
		Kissimmee, FL 3475	59	
		JEANCIDONE@LIVI	, City/State and Zip Code E.COM	
		E-mail address: (	to be used for future annual report notific	ation)
For further	information c	oncerning this matter, please co	all:	
Finely C	idone		862 3689129 at ()	
	Name o	f Person	Area Code Daytime 1	Celephone Number
Enclosed is	a check for th	ne 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

## TO ARTICLES OF ORGANIZATION OF

Finely Jean + co L.L.C		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) iability Company)	
he Articles of Organization for this Limited Liability Company value L15000065367 L15000065367	were filed on	and assigned
his amendment is submitted to amend the following:		
. If amending name, <u>enter the new name of the limited liabil</u> Finley Jean + co L.L.C	lity company here:	
he new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:	<u> </u>	
Principal office address MUST BE A STREET ADDRESS)	····	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		<del></del>
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	· · · · · · · · · · · · · · · · · · ·	the name of the
	į	
Name of New Registered Agent:	2	5 28 2
New Registered Office Address:		20 2
	Enter Florida street address	
	, Florida	
	City R	Zip Code
ew 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

	Member being added or removed from	our records:	
MGR = M	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	MARCON TRANSPORT		
			☐ Remove
			Remove
		<del></del>	Add
			Remove
			Add
			Remove
			□ Add
			□ Remove
		nandra namake kilananake kuranake kuranana ni dari nake nake nake nake nake nake nake nake	□ Add
			Remove

***************************************		
Tective date, if other t e effective date must be spe e date this document is filed	han the date of filing:  ific, cannot be prior to date of receipt or filed date by the Florida Department of State)	(optional) and cannot be more than 90 days after
te date this document is filed  April 21	han the date of filing:  cific, cannot be prior to date of receipt or filed date by the Florida Department of State)  2015	(optional) and cannot be more than 90 days after
e date this document is filed  April 21	by the Florida Department of State)	and cannot be more than 90 days after
April 21 ated	by the Florida Department of State)  2015  Signature of a member or authorized re	
ne date this document is filed	by the Florida Department of State)  2015  Signature of a member or authorized re	

Page 3 of 3

Filing Fee: \$25.00

