

L15000089707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan OCT 20 2015



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15 OCT 28 PM 12:35

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2015

PATRICK VIVIES CPA, PA
700 E DANIA BEACH BLVD.
STE 202
DANIA, FL 33004

SUBJECT: LES CREATEURS LLC
Ref. Number: L15000089707

We have received your document for LES CREATEURS LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 715A00022144

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LES CREATEURS 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:

PATRICK VIVIES

Name of Person

PATRICK VIVIES CPA, PA

Firm/Company

700 E. DANIA BEACH BLVD STE 202

Address

DANIA BEACH, FL 33004

City/State and Zip Code

PVIVIES@VGCPAPA.COM

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

For further information concerning this matter, please call:

PATRICK VIVIES

954

929-4475

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

FILED

2015 OCT 28 PM 3 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LES CREATEURS 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 05/20/2015 and assigned
Florida document number L15000089707.

This amendment is submitted to amend the following:

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

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:

1732 MERIDIAN AVE # 305

(Principal office address MUST BE A STREET ADDRESS)

MIAMI BEACH, FL 33139

Enter new mailing address, if applicable:

1732 MERIDIAN AVENUE # 305

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI BEACH, FL 33139

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:

PATRICK VIVIES CPA, PA

New Registered Office Address:

700 E. DANIA BEACH BLVD STE 202

Enter Florida street address

DANIA BEACH

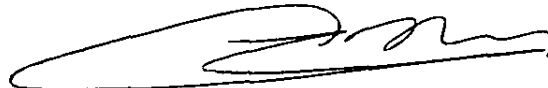
City

Florida 33004

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	LUCAS HERRAIZ	1732 MERIDIAN AVENUE # 305	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33139	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JEREMY ZUCCA	53 RUE DUCHESNE	<input type="checkbox"/> Add
		75018 PARIS	<input checked="" type="checkbox"/> Remove
		FRANCE	<input type="checkbox"/> Change
MGR	4 GUYS CONSULTING & INVESTMENTS INC	53 RUE DUCHESNE	<input type="checkbox"/> Add
		75018 PARIS	<input checked="" type="checkbox"/> Remove
		FRANCE	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 OCT 28 PM 3:17

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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 listed as the document's effective date on the Department of State's records.

Dated OCTOBER 14, 2015

Signature of a member or authorized representative of a member

LUCAS HERRAIZ

Typed or printed name of signee