

L15000 100457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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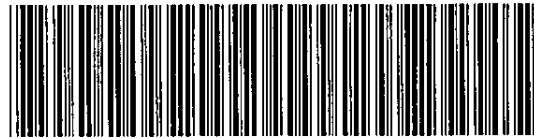
(Business Entity Name)

(Document Number)

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FILED
2015 AUG 10 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Outg... AUG 12 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GREDELIN NHOMME JEUDY 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:

PIERRE AMILCAR

Name of Person

Firm/Company

1541 NE 167 ST

Address

NORTH MIAMI BEACH, FL 33162

City/State and Zip Code

pierre.amilcar61@gmail.com

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

For further information concerning this matter, please call:

Pierre Amilcar

786 ... 541-6930

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 AUG 10 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GREDELIN NHOMME JEUDY 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 06/10/2015 and assigned
Florida document number L15000100957.

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:

(Principal office address MUST BE A STREET ADDRESS)

10611 NW 12 AVE

MIAMI FL 33150

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10611 NW 12 AVE

MIAMI FL 33150

**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:

DIASPORA INSURANCE CORP

New Registered Office Address:

1541 NE 167 ST

Enter Florida street address

NORTH MIAMI BEACH

City

Florida 33162

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>
MGR	GREDELIN NHOMME JEUDY		<input type="checkbox"/> Add
		831 NW 141 ST, MIAMI, FL 33168	<input checked="" type="checkbox"/> Remove
		10611 NW 12 AVE, MIAMI, 33150	<input checked="" type="checkbox"/> Change
MGR	YOLANDE JOSEPH	10611 NW 12 AVE, MIAMI, 33150	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FILED
2015 AUG 10 AM 8:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Signature of a member of _____

GREDELINE NHOMME JEUDY

Filing Fee: \$25.00