

L15000122215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

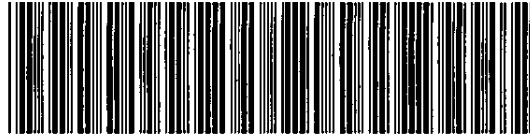
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT -1 2015

N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAISON DE DISTRIBUTION 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:

SUNDEEP SINGH

Name of Person

MAISON DE DISTRIBUTION LLC

Firm/Company

304 PARK AVE SOUTH 11TH FLOOR

Address

NY, NY 10010

City/State and Zip Code

SUNDEEP @ MAKONDISTRIBUTION.COM

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

For further information concerning this matter, please call:

SUNDEEP SINGH

Name of Person

at (646)

Area Code

918-0101

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

MAISON DE DISTRIBUTION LLC

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TALLAHASSEE, FLORIDA

Page 1 of 3

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	KIM TAN	3010 GEORGIA MANOR DRIVE	<input checked="" type="checkbox"/> Add
		ALPHARETTA, GA 30022	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JENIFFER DILIZ	5246 SW 8 TH STREET STE 20 ^F	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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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 9/21/15

SUNDEEP SINGH

Filing Fee: \$25.00