

L15000122215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

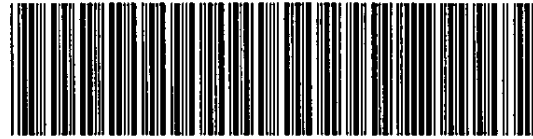
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400292954214

12/12/16--01009--025 **25.00

FILED

2016 DEC 12 A 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**D. BRUCE
DEC 13 2016**

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

137 S. CENTRAL AVE, STE. 2

Address

ELMSFORD, NY 10523

City/State and Zip Code

maisondistribution@gmail.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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 DEC 12 A 11:17

FILED

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**

MAISON DE DISTRIBUTION 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 JULY 16, 2015 and assigned Florida document number 415000122215.

This amendment is submitted to amend the following:

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

MAISON DIST LLC

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)

**137 S. CENTRAL AVE, STE. 2
ELMSFORD, NY 10523**

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**137 S. CENTRAL AVE, STE 2
ELMSFORD, NY 10523**

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

FILED
2018 DEC 12 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
	JOHN D. RICE		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input 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
			<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
 2018 DEC 2 11:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2016 DEC 12 A 11: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2016 DEC 12 AM 11:18
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) **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.

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

1976

Signature of a member or authorized representative of a member

SUNDEEP SINGH

Typed or printed name of signee