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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAY -7 AM 8:59

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MAY 08 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FLOCABER INVEST ONE 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:

JEAN JACQUES BERLIOZ

\_\_\_\_\_  
Name of Person

FLOCABER INVEST ONE LLC

\_\_\_\_\_  
Firm/Company

20801 BISCAYNE BOULEVARD SUITE 403-1001

\_\_\_\_\_  
Address

AVENTURA, FL 33180

\_\_\_\_\_  
City/State and Zip Code

FABRICE@MCHCONSULTINGUSA.COM

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

For further information concerning this matter, please call:

FABRICE HERZSTEIN

786 923-5948  
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

FLOCABER INVEST ONE 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 08/14/2015 and assigned  
Florida document number L15000139170.

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)

20801 BISCAYNE BOULEVARD

SUITE 403-1001

AVENTURA, FL 33180

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20801 BISCAYNE BOULEVARD

SUITE 403-1001

AVENTURA, FL 33180

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**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:

MCH CONSULTING USA

New Registered Office Address:

20801 BISCAYNE BOULEVARD SUITE 403

*Enter Florida street address*

AVENTURA

Florida 33180

*City*

*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	FLOCABER HOLDING LLC	20801 BISCAYNE BOULEVARD	<input checked="" type="checkbox"/> Add
		SUITE 403-1001	<input type="checkbox"/> Remove
		AVENTURA, FL 33180	<input type="checkbox"/> Change
MGR	JEAN JACQUES BERLIOZ	23 ROUTE DE FOUR	<input type="checkbox"/> Add
		VAUX-MILIEU ,38090 FR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	STALMACH JOHN	2871 SOMERSET DR #200	<input type="checkbox"/> Add
		LAUDERDALE LAKE, FL 33311	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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(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.

Dated 02 ND OF MAY 2018

  
Signature of a member or authorized representative of \_\_\_\_\_

~~Signature of a member or authorized representative of a member~~

JEAN-JACQUES BERLIOZ MGR

Typed or printed name of signee