## U5000187339

(Requestor's Name)	_
(Address)	_
(Address)	_
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PICK-UP WAIT MAIL	
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CRETARY OF STATE LAHASSEE, ILORIDA

MAY 03 2016 S. YOUNG

## **COVER LETTER**

TO:	Registration Sec Division of Corp				
SUBJEC		ISTERS LLC			
SUBJEC	~1:	Name of Limi	ted Liability Company		
		Amendment and fee(s) are sub-			
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		SEVERINE GIANESE-PI	ГТМА		
			Name of Person	<del> </del>	
		GIANESE-PITTMAN, P.A	Λ.		, ಘಂ
			Firm/Company		15 片层系
		100 NORTH BISCAYNE	BLVD, STE 3070		ALLAHASSE 16 MAY -2
			Address		SEE, FI
		MIAMI, FL 33132			<b>i</b> 50 03
			City/State and Zip Code		PH 5: 03
	•	sgianese@sgpittman.com  E-mail address: (	to be used for future annual report notif	ication)	۳.
For furtl	ner information co	oncerning this matter, please ca			
SEVER	INE GIANESE-I	PITTMAN	305 722 5986		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclose	d is a check for th	ne 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 Sta Certified Copy (additional copy is en	tus &

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

FRENCH SISTERS LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability (	Company were filed on NOVEMBER 04, 2015	and assigned
Florida document number L15000187339	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
		→ 至留
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		H. H.
Principal office address MUST BE A STREET ADDI	RESS)	2 25
		PH 5:
		ं प्र
Enter new mailing address, if applicable:		03
• • • • • • • • • • • • • • • • • • • •		
Mailing address MAY BE A POST OFFICE BOX)	<del>-</del>	
B. If amending the registered agent and/or regis	stand office address on our records outer t	ha mama af 4ha
egistered agent and/or the new registered office add		ne name of the n
Name of New Registered Agent:		
Now Designation of Office Address.		
New Registered Office Address:	Enter Florida street address	<del></del>
	TN 1.3.	
	, 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

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>	Type of Action
MGR	FREDERIC BAJOL	100 SE 1ST STREET SUITE 47 M	<b></b> ■ Add
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Effective date, if other than the fan effective date is listed, the date mu	e date of filing:	:			(optional)		
f an effective date is listed, the date mi <b>Note:</b> If the date inserted in this b	ist be specific and o	cannot be prior to	to date of filing	or more than 90	days after filing.)	) Pursuant to 605.	0207 (
document's effective date on the I			iore statutory	ming requirem	ichis, this date	will not be lister	uasi
		فقد خارط مطم		المام المامين	12.01		
ne record specifies a delaye The 90th day after the re	cord is filed.	ice, but no	, an errecti	ve time, at	12:01 a.m. (	on the earlie	er or:
April 22		2016					
Dated	,		_ ·				
		1.	. ا				
		1 Mais	1.1-4.00	$\alpha I I $			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00