

L16000029880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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OCT 13 2016  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LES GARCONS & DIANE 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:

DAVID WEISS

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

LES GARCONS & DIANE LLC

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

1120 Pinellas Byway South, Suite #113 - 114

\_\_\_\_\_  
Address

Tierra Verde, FL 33715

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

jeandaviddiebo@hotmail.fr

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

For further information concerning this matter, please call:

David Weiss

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

at

(608)

Area Code

886-1042

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**

LES GARCONS & DIANE 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 02 / 11 / 2016 and assigned  
Florida document number L16000029880.

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)**

1120 Pinellas Byway South, Suite #113 - 114

Tierra Verde, FL 33715

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1120 Pinellas Byway South, Suite #113 - 114

Tierra Verde, FL 33715

**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:

David Weiss

New Registered Office Address:

1175 Pinellas Point Drive South

*Enter Florida street address*

St Petersburg

Florida 33705

*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	David Weiss	1175 Pinellas Point Drive South	<input type="checkbox"/> Add
		St Petersburg, FL 33705	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Jean-Sebastien Keppler	1175 Pinellas Point Drive South	<input type="checkbox"/> Add
		St Petersburg, FL 33705	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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CLERK OF SUPERIOR COURT  
CLERK OF SUPERIOR COURT  
CLERK OF SUPERIOR COURT

