



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000077480 3)))



H160000774803ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : SERBER & ASSOCIATES, P.A.
Account Number : 120000000083
Phone : (305) 932-6262
Fax Number : (305) 933-9393

2016 MAR 29 A 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: lff@Serberlawfirm.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VIET ET BELLE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

2016 MAR 29 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAR 30
D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VIET ET BELE, 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:

Daniel J. Serber

Name of Person

Serber & Associates, P.A.

Firm/Company

2875 NE 191st Street Suite 801

Address

Aventura, Florida 33180

City/State and Zip Code

info@serberlawfirm.com

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

For further information concerning this matter, please call:

Yolanda L. Fornaris

Name of Person

305 932-6262

at (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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAR 29 A 9:04

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VIET ET BELLE, 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 03/11/2016 and assigned
Florida document number L16000051064.

This amendment is submitted to amend the following:

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

VIET ET BELLE, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
 2018 MAR 29 A
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 3/11/2016

Mari C. Ribeiro

Signature of a member or authorized representative of a member

MARI RIBEIRO

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

FILED
2016 MAR 29 A 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA