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STATEMENT OF STATE
TALLAHASSEE FLORIDA

M. MILLIGAN
EXAMINER

SEP - 9

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LE MANCHOT CREME GLACEE, 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:

DAMIAN CARLOS MAGILEWSKI GODWIN
Name of Person

LE MANCHOT CREME GLACEE, LLC.
Firm/Company

3811 ENTERPRISE AVENUE UNIT #2.
Address

NAPLES, FLORIDA 34104
City/State and Zip Code

andrea@nscnaples.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLES MAGILEWSKI at 239, 633.3714
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

FILED
2016 SEP -9 PM 5:02
SALVATORE MANGIAPANE
TALLAHASSEE, FLORIDA

CE MANCHOT CREME GLOUCE 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 6/03/2016 and assigned Florida document number L 16000108227

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)

3811 ENTERPRISE AVENUE Unit #2
NAPLES, FLORIDA 34104

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3906 ENTERPRISE AVENUE
NAPLES Florida 34104

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:

SALVATORE MANGIAPANE

New Registered Office Address:

3811 ENTERPRISE AVENUE Unit #2

Enter Florida street address

Naples, Florida, Florida 34104
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>
MGR	DAMIAN CARLOS MAGIBANSU		<input checked="" type="checkbox"/> Add
		2005 64 TH STREET SW	<input type="checkbox"/> Remove
		Naples, Florida 34105	<input type="checkbox"/> Change
T	SALVATORE MANGIAPANE	2585 BRANTLEY Blvd.	<input checked="" type="checkbox"/> Add
		NAPLES, Florida 34117	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SANTA MONICA, CA

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(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.

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 SEPTEMBER 24, 2016.

Ann
Signature of a member or authorized representative of a member

CHARLES MAGILEWSKI
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA