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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:

CHARLES MAGILEWSKI
Name of Person

LE MANCHOT CREME GLACEE, LLC
Firm/Company

3811 ENTERPRISE AVENUE UNIT #4
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:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

LE MANCHOT CRÈME GLACÉE, LLC.
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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, MAGILEWSKI	2605 64 th Street SW	<input type="checkbox"/> Add
		NAPLES, Florida 34105	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE
WASHINGTON, D.C. 20520
MILWAUKEE, WISCONSIN
MILWAUKEE, WISCONSIN

(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 OCTOBER 28TH, 2016.

Signature of a member or authorized representative of a member

CHARLES MACILEWSKI
Typed or printed name of signee