# 16000108227

(Re	questor's Name)	
. (Ad	dress)	
,	•	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(D.	-i Fakk Ma	
(BL	isiness Entity Nam	ie)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
	_	
Special Instructions to	Filing Officer:	
L		

Office Use Only



300292296113

11/14/16--01048--008 \*\*25.00

NOV 1 6 2016 Y SULKER

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: LE MANCHOT CREME GIACEE, LA,  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 HAGILEWSU Name of Person
LE MANCHOT CREME GLACTE, [10.
3811 ENTERPRISE AUENUE UNIT #4.
NAPLES, Florida SA104_ City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CHARLES MAGILEWSLU at 239 633.3714
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \text{Certified Copy} \\ (additional copy is enclosed) \$\Bigcup \text{Certified Copy} \\ (additional copy is en

### 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

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 $603/6$ and assign Florida document number $11600010827$	ed
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	11
Enter new principal offices address, if applicable:	<u></u>
(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 registered agent and/or the new registered office address here:	the new
Name of New Registered Agent:	(T) Fig.
New Registered Office Address:  Enter Florida street address	# 1 Prints

### 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 **Address** Type of Action **Title** Name DAMIAN MAGILOWSKI 2605 64th Street SW DANG NAPLES, FLORIDA 34105 KREMOVE \_□ Change □ Add ☐ Remove ☐ Change □ Add ਨ □ **k** move ☐ Remove □ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change

	•	t		2.00							
 	_			<del></del>							
 		· v <sub>nns</sub>		wes.							
 				_			_				
	- V				•			,			
 			_			17-11- V					
 	-		_							<del></del>	
 	-					<del></del>				_	
 			_							_	
 					· · · · · · ·			F	- 65 		•
 			·					HÁS	1 A0	1 2	
								SEE.	בם ב	gin talance. g	٠
								<u> </u>		barren.	
 			_					<u> </u>	<u></u>	P <sub>1,1</sub> m#	
 <u> </u>		_						<u>*                                    </u>			

Page 3 of 3

Filing Fee: \$25.00