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(Requestor's Name)

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(Address)

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☐ PICK-UP

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(Business Entity Name)

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DEC 16 2016

S. YOUNG

16 DEC 15 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE
12/16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gauche Coeur

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:

Marcus Anthony Alonzo Mitchell Jr

Name of Person

Gauche Coeur

Firm/Company

5240 N woodcrest Dr

Address

Winter Park / FL 32791

City/State and Zip Code

GaucheCoeur@gmail.com

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 DEC 15 PM 4:05

For further information concerning this matter, please call:

Amy Dempsey

Name of Person
301 848-4227
at (_____) _____
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

Gauche Coeur

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	Marcus Anthony Alonzo Mitchell J	5240 N Woodcrest Dr	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Fredrick Mango	207 Harry S Truman #33 UpperMa	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Amy Dempsey	5240 N Woodcrest Dr Winter Park	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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 SECRETARY OF STATE
 OFFICE OF THE SECRETARY
 1000 PENNSYLVANIA AVE NW
 WASHINGTON, DC 20540

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

FILED
CLERK OF DISTRICT
COURT, FLORIDA
TALLAHASSEE
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E. Effective date, if other than the date of filing: 12-16-2016 (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 12-12-16, _____

my a minute

Signature of a member or authorized representative of a member

Marcus Anthony Alonzo Mitchell Jr

Typed or printed name of signee