

LL6000155785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

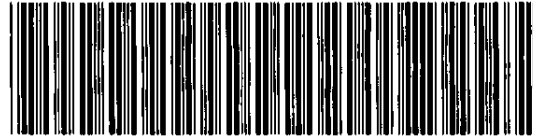
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TALLAHASSEE, FLORIDA

D. BRUCE
DEC 19 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2016

ANA MARIA CRUCET
THORSEN AND CRUCET P.A.
5787B NW 151 STREET
MIAMI LAKES, FL 33014

SUBJECT: MADAMEFRENCHIESFINDS LLC
Ref. Number: L16000155785

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TALLAHASSEE, FLORIDA

We have received your document for MADAMEFRENCHIESFINDS LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 216A00026147

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TALLAHASSEE, FLORIDA

COVER LETTER

Please Note ORIGINAL
Sent with out New
Name. Please file

TO: Registration Section
Division of Corporations

SUBJECT: MADAMEFRENCHIESFINDS 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:

ANA MARIA CRUCET

Name of Person

THORSEN AND CRUCET P.A.

Firm/Company

5787B NW 151 STREET

Address

MIAMI LAKES, FL 33014

City/State and Zip Code

AMTHORPE@AOL.COM

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

For further information concerning this matter, please call:

ANA MARIA CRUCET

305 883-0120
at ()

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

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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>
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 OCTOBER 19, 2016


Signature of a member or authorized representative of a member

ANA MARIA CRUZET
Typed or printed name of signee