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(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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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

RECEIVED

2016 DEC 19 PM 1: 16

SEGRETAN COFFINIE
ANTINAMASSEE 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

2016 DEC 16 P 4: 30

Please HOTE ORIGINAL COVERLETTER SENT WITH OUT NEW NAME- PLEASE FILE

TO: Registration Section **Division of Corporations** MADAMEFRENCHIESFINDS LLC SUBJECT: 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 Name of Person Daytime Telephone Number Area Code Enclosed is a check for the following amount:

□ \$55.00 Filing Fee &

Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□ \$60.00 Fing Fee

Certified Copy (additional copy is enclosed)

Certificate of Status &

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Em

■ \$25.00 Filing Fee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) cany)
The Articles of Organization for this Limited Liability Company were filed or	on 08/19/2016 and assigned
lorida document number L16000155785	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compa	ny here:
MADAME FRENCHIES L	LC.
e new name must be distinguishable and contain the words "Limited Liability Company,	"the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	78 28 E
Principal office address MUST BE A STREET ADDRESS)	
	HASSE PARTAL
	ma
nter new mailing address, if applicable:	
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	FORDE SO

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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 **Type of Action Title** <u>Name</u> <u>Address</u> _□ Add _□ Remove ☐ Change _□ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add □ Remove ⊖ □ Change □ Add ☐ Remove ☐ Change

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ed OCTOBER 19 2016						
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Signature of a member or a	uthorizeti rer	resentative of a	member			

Page 3 of 3

Filing Fee: \$25.00