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(Address)

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(City/State/Zip/Phone #)

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17 MAY - 9 58 4:02  
TALLAHASSEE, FLORIDA

MAY 10 2017

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BEDIN & ROUSTANT, 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:

SEVERINE GIANESE-PITTMAN, ESQ.

\_\_\_\_\_  
Name of Person

GIANESE-PITTMAN, P.A.

\_\_\_\_\_  
Firm/Company

100 N. BISCAYNE BLVD., SUITE 3070

\_\_\_\_\_  
Address

MIAMI, FL 33132

\_\_\_\_\_  
City/State and Zip Code

SGIANESE@SGPITTMAN.COM

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

For further information concerning this matter, please call:

SEVERINE GIANESE-PITTMAN, ESQ.

305 722-5986  
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

## 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          | JEAN MARC DELABRE | 363 CHEMIN MONPLAISIR  | <input type="checkbox"/> Add               |
|              |                   | SAINT REMY DE PROVENCE | <input checked="" type="checkbox"/> Remove |
|              |                   | FR 13210 FR            | <input type="checkbox"/> Change            |
| MGR          | VINCENT FARACO    | 363 CHEMIN MONPLAISIR  | <input type="checkbox"/> Add               |
|              |                   | SAINT REMY DE PROVENCE | <input checked="" type="checkbox"/> Remove |
|              |                   | FR 13210 FR            | <input type="checkbox"/> Change            |
| MGRM         | JEAN MARC DELABRE | 363 CHEMIN MONPLAISIR  | <input checked="" type="checkbox"/> Add    |
|              |                   | SAINT REMY DE PROVENCE | <input type="checkbox"/> Remove            |
|              |                   | FR 13210 FR            | <input type="checkbox"/> Change            |
| MGRM         | VINCENT FARACO    | 363 CHEMIN MONPLAISIR  | <input checked="" type="checkbox"/> Add    |
|              |                   | SAINT REMY DE PROVENCE | <input type="checkbox"/> Remove            |
|              |                   | FR 13210 FR            | <input type="checkbox"/> Change            |
|              |                   |                        | <input type="checkbox"/> Add               |
|              |                   |                        | <input type="checkbox"/> Remove            |
|              |                   |                        | <input type="checkbox"/> Change            |
|              |                   |                        | <input type="checkbox"/> Add               |
|              |                   |                        | <input type="checkbox"/> Remove            |
|              |                   |                        | <input type="checkbox"/> Change            |

17 MAY - 6 55 PM '99  
 ALCOHOL & DRUGS  
 DIVISION  
 TAMPA, FLORIDA

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

17 MAY -3 PM 4:20  
ALLIANCE, LONDON

17 MAY -9 PM 4:30

**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 MAY 4, 2017

Signature of a member or authorized representative of a member

SEVERINE GIANESE-PITTMAN, ESQ.

Typed or printed name of signee