# 116000191202

(R	lequestor's Name)	
(A	ddress)	<u> </u>
(A	ddress)	
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(C	city/State/Zip/Phone#	)
PICK-UP	MAIT	MAIL
	Business Entity Name	<u>,                                      </u>
(-		,
(D	Occument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	o Filing Officer:	

Office Use Only



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J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corpor			
SUBJECT:(TARO	in Couture L	LC · · · · · · · · · · · · · · · · · · ·	
	Name of Limit	ted Liability Company	
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter t	o the following:	
	Iean G	Francillon	
		Name of Person	<del></del>
		Firm/Company	
	•		
	2421 N 401	h Ave APT 103	·
		Address	
	HOLLYWOOD	FL 33021	
		FL 33021 City/State and Zip Code	
_	Jean francit	o be used for future annual report notifica	·
	· ·	·	ition)
For further information conc	erning this matter, please cal	II:	
Tean & Fr	rancillon	at (717) 8\2 - 00 Area Code Davime T	263 elephone Number
Name of Fe	13011	Area Code Baytime I	etephone (vainoe)
Enclosed is a check for the fo	ollowing amount:		
\$25.00 Filing Fee		□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	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



November 7, 2016

JEAN G FRANCILLON 2421 N 40TH AVE APT 103 HOLLYWOOD, FL 33021

SUBJECT: GARONCOUTURE LLC Ref. Number: L16000191202

We have received your document for GARONCOUTURE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Jenna D Harris Regulatory Specialist II

Letter Number: 616A00023023

SECRETARY OF STAFE

15 MW 17 PH 2. 2.

November 1, 2016

To whom it may concern,

My name is Examen, Nerlyne I am the CFO and the register agent on the Garçon Couture INC. I have no intention of reinstating the Garçon Couture INC name, so therefor I'm releasing the name for use to Jean Gilbert Francillon and Ilbert Julius Sanchez to use.

Merlyne Examen 11.1.2016 NerlyneExamen

CFO

Document Number (P14000008840)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GARON COUTURE LLC	
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Comparing Florida document number	ny were filed on (0) //6/2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
GARCONCOUTURE L.L.C	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	<u>න</u> පි
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
·	
	22
	office address on our records, enter the name of the new
registered agent and/or the new registered office address h	<u>ere</u> :
Name of New Registered Agent:	
New Registered Office Address:	·
	Enter Florida street address
	, Florida
	City Zip Code

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 manag	e, <u>ente</u> i	the title	, name, a	and address	of each	person	being	added
or removed from our records:								

MGR = Manager AMBR = Authorized Member <u>Address</u> **Type of Action Title** <u>Name</u> \_ Add \_□ Remove ☐ Change \_□ Add ☐ Remove \_□ Change \_□ Add ☐ Remove \_□ Change \_□ Add ☐ Remove \_□ Change \_□\_Add ☐ Remove Change C . BAdd. ☐ Remove

☐ Change

tive date, if other than the date of filing: (optional flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.	
If the date inserted in this block does not meet the applicable statutory filing requirements, this dat	
ment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. e 90th day after the record is filed.	. on the ear
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Filing Fee: \$25.00