

L17000041614

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TALLAHASSEE, FLORIDA

JUN 14 2017

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LE PIMENT MIA, 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  
Name of Person 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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

LE PIMENT MIA, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/22/2017 and assigned  
Florida document number L17000041614.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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 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	MYRIAM MAILLARD	5900 COLLINS AVENUE	<input type="checkbox"/> Add
		APT 1207	<input checked="" type="checkbox"/> Remove
		MIAMI BEACH, FL 33140	<input type="checkbox"/> Change
MGRM	MYRIAM MAILLARD	5900 COLLINS AVENUE	<input checked="" type="checkbox"/> Add
		APT 1207	<input type="checkbox"/> Remove
		MIAMI BEACH, FL 33140	<input type="checkbox"/> Change
MGRM	GP MANAGEMENT, LLC	864 COMMERCE STREET	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL 33139	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	GREGORY MAILLARD	5900 COLLINS AVENUE	<input type="checkbox"/> Add
		APT 1207	<input type="checkbox"/> Remove
		MIAMI BEACH, FL 33140	<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

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ACCOUNTARY OF STATE  
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CLERK OF STAFF  
TALLAHASSEE, FLORIDA

**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.

Dated MAY 31 2017

Signature of a member or authorized representative of a member

MYRIAM MAILLARD

Typed or printed name of signee