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COVER LETTER

FO: Registration Sec Division of Corp			م
SUBJECT:	The Geff Name of Limi	<u>fard</u> LLC	JAMES TER CO. P.
The enclosed Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Prosp	er Geffre Name of Person	acd_
	33 Hea	Firm/Company Her Cove	Dr.
	Boynton	Black, H	. 33436
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please or	ill:	
Prober	Geffrard	1,561, 37°	i-4539
/ Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Companion (A Florida Limited Li	of as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number <u>[7700005/222</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address

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.

Cin

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

Title MBR	Name Marie Laure Goffian	Address 33 Heather Cove Ar d Boynton Beach, 713343	Type of Action 36 □ Add
	•		Remove
			Change
			🗆 Add
			☐ Remove
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			Add
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			D Add
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	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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_	
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li an effec <u>Note:</u> l	the date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
	7 Bruary 8 2019. Signature of a member or authorized representative of a member.
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00