

L7000116850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

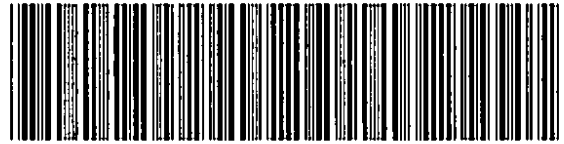
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JUL 12 AM 10:49

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JUL 16 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BEL-AIR STOUR 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:

Mustafa Pierre Edme

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

BEL-AIR STOUR LLC

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

17361 NW 7th Avenue, # 102

\_\_\_\_\_  
Address

Miami, FL 33169

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

tracdrecordsent@gmail.com

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

For further information concerning this matter, please call:

Mustafa Pierre Edme

305 8572714  
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

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DIVISION OF CORPORATIONS

BEL-AIR STOUR LLC

The Articles of Organization for this Limited Liability Company were filed on 05/26/2017 and assigned Florida document number L17000116850

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

**Enter new principal offices address, if applicable:**

17361 NW 7TH AVE. # 102

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI, FLORIDA 33169

**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	Edme, Mustafa Pierre	17361 NW 7th Avenue, # 102	<input type="checkbox"/> Add
		Miami, FL 33169	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
COO	HALL, TERRELL E	18800 NW 2ND AVE, # 11	<input type="checkbox"/> Add
		MIAMI GARDENS, FL 33169	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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UNITED STATES DEPARTMENT OF JUSTICE  
DIVISION OF CRIME CONTROL

(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)

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 July 5, 2018

  
Signature of a member or authorized representative of a member

Mustafa Pierre Edme

Typed or printed name of signee