## 117000130167

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SECRETARY OF STATEMENT OF STATEMENT OF CORPORATIONS

N COOPER JUN 15 2018

## **COVER LETTER**

TO: Registration S Division of Co.			
MICHEL V	/INCENT, LLC		
WODULCT.	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter	-	
,	MICHAEL P. GABLE	to the tollowing.	
		Name of Person	
	LAW OFFICE OF GABL	E & HEIDT	
		Firm/Company	
	4000 HOLLYWOOD BO	DULEVARD, SUITE 735 SOUTH 1	FOWER
		Address	
	HOLLYWOOD, FL 3302	21	
	MICHAELPGABLE@ATT	City/State and Zip Code	<del></del>
		to be used for future annual report notific	cation)
For further information c	oncerning this matter, please c	all:	
MICHAEL P. GABLE		954 966-2501 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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

MICHEL VINCENT, LLC		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our reco	rds.)
The Articles of Organization for this Limited Liability Florida document number L17000130167		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ORESS)	
		<b>3.</b> ≤ is
		NON Section 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>အ</u>
B. If amending the registered agent and/or reg	sistered office address on our recor	ds, enter the name of the nev
registered agent and/or the new registered office ad	dress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	,,,,, ,.	Florida
	Cuy	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>	Address	Type of Action
AMBR	FERNAND VAILLANT	345 OCEAN DRIVE #821	<b>□</b> Add
		MIAMI BEACH, FL 33139	
		·	🗆 Change
AMBR	VINCENT THILLOY	345 OCEAN DRIVE #821	
		MIAMI BEACH, FL 33139	□ Remove
			Change
MGR	PFP SOLUTIONS LLC	475 BRICKELL AVENUE, #3909	
		MIAMI. FL 33131	■ Remove
			Change
			Add
			Remove
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			☐ Remove
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		و م ———————
ffective date, if other than t	ne date of filing:	(optional)
<b><u>lote:</u></b> If the date inserted in this	block does not meet the applicable statutory fi	or more than 90 days after filing.) Pursuant to 605.02 iling requirements, this date will not be listed a
ocument's effective date on the	Department of State's records.	
record specifies a delay	ed effective date, but not an effective	e time, at 12:01 a.m. on the earlier
The 90th day after the re	cord is filed.	e time, at 12.01 a.m. on the earner
lune 12	2018	
	2016	
June 12, ated	·	
	Signature of a member or authorized representat	

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Filing Fee: \$25.00