

4180000 50023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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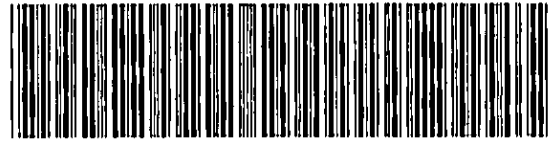
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JUL - 6 PM 12:02

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JUL 09 2018

## COVER LETTER

TO: Registration Section  
✓ Division of Corporations

SUBJECT: CLUB BOUGOIS CONSTRUCTION & DEVELOPMENT INTERNATIONAL, 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:

BLANDET VIXAMA

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

CLUB BOUGOIS CONSTRUCTION & DEVELOPMENT INTERNATIONAL

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

906 TAYLOR TER

\_\_\_\_\_  
Address

IMMOKALEE, FLORIDA 34142

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

CLUBBOUGOIS@GMAIL.COM

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

For further information concerning this matter, please call:

BLANDET VIXAMA

305

744 - 1381

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

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

CLUB BOUGOIS CONSTRUCTION & DEVELOPMENT INTERNATIONAL, 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 02/26/2018 and assigned  
Florida document number L18000050023.

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 "L.L.C."

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)

P.O.BOX 381678  
MIAMI FLORIDA 33238

**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>
CEO, MGR	VIXAMA, BLANDET	14401 NE 5TH AVENUE	<input type="checkbox"/> Add
		NORTH MIAMI FLORIDA 33161	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	FAUSTIN, ULRICK	780 NW 147 TH STREET	<input type="checkbox"/> Add
		NORTH MIAMI FLORIDA 33168	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	JOSEPH, B. KERTA	14401 NE 5TH AVENUE	<input type="checkbox"/> Add
		NORTH MIAMI FLORIDA 33161	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	DESIR, JEAN ROBERT	55 PINWOOD DRIVE	<input checked="" type="checkbox"/> Add
		LEVITTOWN PA 19054	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AMONTES, JOHNSON	633 NE 167th STREET,SUITE 603	<input checked="" type="checkbox"/> Add
		NORTH MIAMI BEACH, FLORII	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRET  
DIVISION OF LABOR RELATIONS  
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**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.

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 06/29/2018

Signature of a member or authorized representative of a member

BLANDET VIXAMA  
Typed or printed name of signee