

1180000 84158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

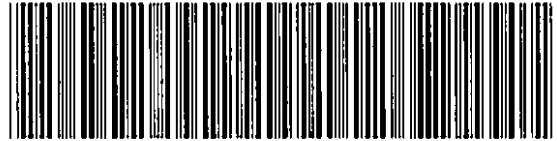
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18 DEC -3 AM 8:20  
STATE  
TALLAHASSEE, FLORIDA

K. SALY

DEC -3 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 21, 2018

2018 DEC -3 PM 7:37

GAELE GUERRIER  
LE GOURMET CARIBBEAN CUISINE, LLC  
11407 WHISPER SOUND DR.  
BOCA RATON, FL 33428-2405

SUBJECT: LE GOURMET CARIBBEAN CUISINE, LLC  
Ref. Number: L18000084158

We have received your document for LE GOURMET CARIBBEAN CUISINE, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 618A00023974

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LE GOURMET CARIBBEAN CUISINE 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:

GAELE GUERRIER  
Name of Person

Firm/Company

LE GOURMET CARIBBEAN CUISINE LLC  
Address

11407 WHISPER SOUND DRIVE  
City/State and Zip Code

BOCA RATON, FL 33428-2405  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GAELE GUERRIER at (561) 326-9396  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input 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 GOURMET CARIBBEAN CUISINE LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
18 DEC -3 AM 8:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number L18000054155.

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)

11407 WHISPER SOUND DRIVE  
BOCA RATON, FL 33425-2405

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

NA

**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:

GAELE GUERRIER

New Registered Office Address:

11407 WHISPER SOUND DRIVE

Enter Florida street address

BOCA RATON, Florida 33425-2405

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



D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

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18 DEC -3 AM 8:23  
SOUTH FLORIDA  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: N/A (optional)

(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)

**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 11/21/18

Signature of a member or authorized representative of a member

Goelle Guerrier  
Typed or printed name of signee