Certified Copy 0	5/2018 8	18:477PROFESSIONAL SERVICES, LLC Florida Department of State Division of Corporations Electronic Filing Cover Sheet
(((H18000291211 3))) Intermediate in the REFRESH/RELOAD button on your browser from this page Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From: Account Name Account Number : 128040906024 Phone : (786)363-5618 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** WW LLC AMND/RESTATE/CORRECT OR M/MG RESIGN Matter of Status 1 Certificate of Status 1 Certificate of Status 0 Certificate of Status 0	F	Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.
Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.		
To: Division of Corporations Fax Number : (859)617-5383 From: Account Name Account Name : PROFESSIONAL SERVICES Account Number : 126640906024 Phone : (786)303-5010 Fax Number : (385)403-1061 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:		
Division of Corporations Fax Number : (850)617-6383 From: Account Name : PROFESSIONAL SERVICES Account Number : I20040000024 Phone : (786)303-5010 Fax Number : (305)403-1061 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ART DE VIVRE LLC Certificate of Status 1 Certified Copy 0 Date Count		Doing so will generate another cover sheet.
annual report mailings. Enter only one email address please.** Email Address:		Division of Corporations Fax Number : (850)617-6383 From: Account Name : PROFESSIONAL SERVICES Account Number : I20040000024 Phone : (786)303-5010
Certified Copy 0		annual report mailings. Enter only one email address please.**
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EXAMIN	. 1 51	EXAMINER

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COVER LETTER

	Registration Sec Division of Corj			
	· ART DE VI	VRE LLC		
SUBJEC	:T:	Name of Limi	ted Liability Company	
			ning for films	
		FRANK DIAZ	-	59
			Name of Person	
		PROFESSIONAL SERVIC	CES LLC	2.e- 1
			Firm/Company	<u> </u>
		3128 CORAL WAY		
	•		Address	, ,
		Corporations EVIVRE LLC Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following: FRANK DIAZ FRANK DIAZ FRANK DIAZ FIRM/Company 3128 CORAL WAY Address MIAMI, FL 33145 City/State and Zip Code professionalscrvices55@gmail.com E-mail address: (to be used for future annual report notification) on concerning this matter, please call: from at (786) 303-5010 Telephone Number or the following amount: Figs \$30.00 Filing Fee & Certificate of Status Status Certificate of Status Status Certified Copy (Editional copy is malosed) Certified Copy (Editional copy is malosed)		
		professionalscrvices55@gm		
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For furth	er information c	oncerning this matter, please ca	all:	
Frank D	iaz		786 303-5010	
÷	Name o	f Person	Area Code Daytin	re Telephone Number
Enclosed	d is a check for th	ne following amount:		
₽ \$2 5.	00 Filing Fee		Certified Copy	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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10/06/2018 18:48 PROFESSIONAL SERVICES, LLC ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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The Articles of Organization for this Limited Liability Company were filed on 9/18-2018 Florida document number L18060221848	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	1 I.K.
The new name must be distinguishable and contain the words "Limited Liability Company," the designation	"LLC" or the abbreviation""L.L.C."
	"LLC" or the abbreviation.""L.L.C."
The new name must be distinguishable and contain the words "Limited Liability Company," the designation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Enter new principal offices address, if applicable:	<u> </u>
Enter new principal offices address, if applicable:	ا بر ا محمد المحمد ا
Enter new principal offices address, if applicable:	ا بر ا محمد المحمد ا

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:	PIERRE CHARALAMBIDES	
New Registered Office Address:	3128 CORAL WAY	
	Enter 1	Florida street address
	MIAMI	Florida 33145
	City	Zip Çode

New Registered Agent's Signature, if changing Registered Agent;

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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.

-	52
If Changing Reg	istered Agent, Signature of New Ragistered Agent
Page 1 of 3	

P.004/007

P.005/007

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

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<u>fitle</u>	Name	Address	Type of Actio
IGR	FRENCH ART DE VIVRE LLC	3128 CORAL WAY	H 5.11
		MIAMI, FL 33145	🖬 Add
		MIAMI, FL 33143	Remove
			Change
	CORPORATE TRUST	3128 CORAL WAY	
1GR	AMERICA LLC		≣,Add
		MIAMI, FL 33145	1
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	DIOVINO LLC	3128 CORAL WAY	 (r
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MGR	RICK GARCED	3128 CORAL WAY	🗆 Add
		MIAMI, FL 33145	
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			Change
MGR	PIERRE CHARALAMBIDES	3128 CORAL WAY	
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(FAX)305 403 1061 H1800() 29 121 13 dditional sheets if necessary)

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

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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 OC	TOBER STH	,	2018
	n	Xh	~~
		Signature of a ma	ember or authorized representative of a member
	RICK GARCED		
	, ,, ,	- <u></u> -7	yped or printed name of signce

Page 3 of 3

Filing Fee: \$25.00

EXHIBIT A

INITIAL PERCENTAGE INTERESTS AND LIST OF MEMBERS

& INITIAL CAPITAL CONTRIBUTIONS

INITIAL PERCENTAGE INTERESTS AND LIST OF MEMBERS				
Name of MEMBER	initial Contribution*	Percentage Interest		
FRENCH ART DE VIVRE LLC	\$95,000,00	33.33%		
CORPORATE TRUST AMERICA	\$95,000.00	33.33%		
DIOVINO LLC	\$95,000.00	33.34%		
TOTALS:		100%		
*Contributions to be funded with the Contribution is required		en notice from the Company		

A.Z.