LECC 2570

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

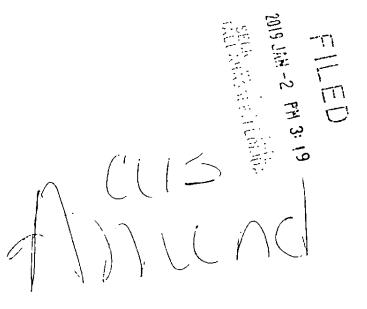
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COVER LETTER

TO: ' Registration Section Division of Corpor		:	,
SUBJECT: Facy de	e Experts LL Name of Limit	-C ed Liability Company	
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	Damien Cl	EHENTE Name of Person	
		Name of Felson	
		Firm/Company	
	245 NE 14th	Street - Suite 36 Address	08
	Miami, FL 3	City/State and Zip Code acadeex pertsusa. com o be used for future annual report notifi	
-	E-mail address: (to	o be used for future annual report notifi	cation)
	cerning this matter, please ca		
Damien CLE! Name of Po	1E PTE erson	at (347) 530 Area Code Daytime	7632 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**

, ARTICLES OF O	ORGANIZATION FILE	~ ^
Facade Experts LLC (Name of the Limited Liability Compa (A Florida Limited L	ORGANIZATION OF 20/9 Any as it now appears on our records.) Liability Company)	. <u>/</u>) 3: _/ 9
The Articles of Organization for this Limited Liability Company Florida document number <u>L 18</u> 00257014		15.
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ility Company," the designation "L.L.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1817 NE 164th Street	
(Principal office address MUST BE A STREET ADDRESS)	North Minn: Beach ; FL 33162	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1817 NE 164th Street North Miami Beach, FL 33162	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	office address on our records, <u>enter the name of the ner</u> :	<u>iew</u>
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

n 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
MGR	Thomas Bernaga	14 rue Toubuse Lautrec	△ Add
		Saleilles, 66280	☐ Remove
		FRANCE	Change
MGR	Savinien Berruga	Il rue de la Syrah	⊠ .Add
	Saleilles, 66280	Remove	
	FRANCE	Change	
			🗖 Add
			☐ Remove
			Change
			Add
			□ Remove
		Change	
		□ Remove	
			☐ Change
			Remove
			Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
ч	
Effective date, if other than the date of filing:	207 (3) as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.	of:
Dated December 1st. 2018.	
Signature of a member or authorized representative of a member	
Damien CLEMENTE Typed or printed name of signee	

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Filing Fee: \$25.00