

L19000 122 888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

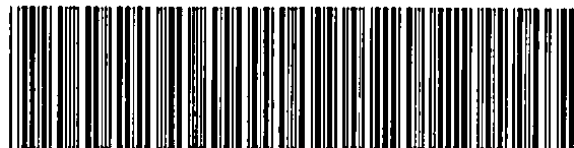
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500334959175

10/11/19--01020--004 \*\*30.00

FILED  
2019 OCT 11 PM 5:43  
FALLS CHURCH, VA

OCT 2 9 2019

T. LEMIEUX

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Lorente Family Office**

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:

Jean-Francois Regnaud

Name of Person

Lorente Family Office LLC.

Firm/Company

2269 S UNIVERSITY DRIVE, SUITE 5346

Address

FORT LAUDERDALE, FL 33324

City/State and Zip Code

jfr@lorentefamily.com

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

For further information concerning this matter, please call:

Jean-Francois Regnaud

Name of Person

at ( 352 )

Area Code

671 196 806

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**

Lorente Family Office 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 05/ 06/ 2019 and assigned  
Florida document number L19000122888

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)**

2269 S UNIVERSITY DRIVE

STE 5346

FORT LAUDERDALE, FL 33324

**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: Jean-Francois Regnauld

New Registered Office Address: 2269 S UNIVERSITY DRIVE, STE 5346

*Enter Florida street address*

Fort Lauderdale

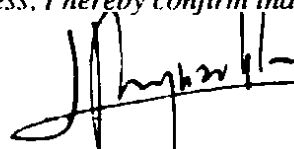
Florida 33324

*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	REGNAULD, JEAN-FRANÇOIS	39 RUE MONGE	<input type="checkbox"/> Add
		PARIS, FR 75005 FR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Jean-Francois Regnaud	39 RUE MONGE	<input checked="" type="checkbox"/> Add
		PARIS, FR 75005 FR	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

*[Handwritten signature]*

**Jean- Francois Regnauld**

Page 3 of 3

**Filing Fee: \$25.00**