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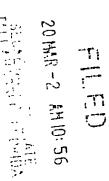
(Requestor's Name)
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(Document Number)
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COVER LETTER

Division of Corporations	
SUBJECT: PASCAL GOURNANDISE OF REATION 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:	
MARC LABOSSIERE Name of Person	
Name of Person	
MARC LABOSSIERE	
Firm/Company	
2637 N. ANDREWS AVE	
Address	
City/State and Zip Code MARC & C.P.A.MARC. Com E-mail address: (to be used for future annual report notification)	
City/State and Zip Code	
MARC @ CPAMARC.COM	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
MACC LABOSSIERE at (254) 763-4214	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status	&
(additional copy is enclosed) Certified Copy (additional copy is enclosed) (additional copy is enclosed)	ed)

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PASCAL GOURNANDISE 4	REATION LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>£/9000287730</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		-
		\$ 5 T
Enter new mailing address, if applicable:		17 10
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
		6
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	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	
	, Florid	
	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>	Name	Address	Type of Action
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Filing Fee: \$25.00