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(Requestor's Name)

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(City/State/Zip/Phone #)

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DEC 04 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JADORE HOSPITALITY 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:

MISSIVA KHACER

Name of Person

MTK INTERNATIONAL LAW GROUP, PA

Firm/Company

1900 N BAYSHORE DRIVE, SUITE 1A-107

Address

MIAMI, FL 33132

City/State and Zip Code

mkhacer@mtklawgroup.com

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

For further information concerning this matter, please call:

Missiva Khacer

331 234-7334

at ()

Name of Person

Area Code

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 Address:

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

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MBR	OLIVIER DEMARLE	284 Boulevard Saint Germain	<input checked="" type="checkbox"/> Add
		75007 Paris	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	JULIE DEMARLE	284 Boulevard Saint Germain	<input checked="" type="checkbox"/> Add
		75007 Paris	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	OLIVIER DEMARLE	6365 Collins Av #1103	<input type="checkbox"/> Add
		Miami Beach, FL 33141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JULIE DEMARLE	6365 Collins Av #1103	<input type="checkbox"/> Add
		Miami Beach, FL 33141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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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.

Dated October 20 2020

Miguna Khoe
Typed or printed name of signee

Filing Fee: \$25.00