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(Re	questor's Name)	
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COVER LETTER

	Registration Se Division of Cor			
SUBJEC	T. Vendome I	nvestment Group		
30130	· • ·		ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Fabien Bertault		
			Name of Person	
		Vendome Investment Grou	п р	
			Firm/Company	
		349 Meridian Avenue, #B	202	
			Address	
		Miami Beach FL 33139		
			City/State and Zip Code	
		manager@vendomeinvestn E-mail address: (to be used for future annual report notification)	
For furth	er information c	oncerning this matter, please c	ail:	
Fabien E	Bertault		at (480) 7856564	
	Name o	f Person	Area Code Daytime Telephone 1	Number
Enclosed	is a check for th	ne following amount:		
■ \$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee. ertificate of Status & ertified Copy dittional copy is enclosed)
				777
	Mailing Addres	_	Street Address:	- 1 0
	Registration S Division of C		Registration Section Division of Corporations	F 3 3
	P.O. Box 632	=	The Centre of Tallahassee	
	Tallahassee, 1		2415 N. Monroe Street, S	
	,		Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vendome Investment Group

	(Company as it now appears on Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Co	mpany were filed on January	y 3rd 2023	and assigned
Florida document number 1.23000006009			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the design	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our recor	ds, <u>enter the name</u>	of the new register
Name of New Registered Agent:			
Name of New Registered Agent: New Registered Office Address:	Entar Florida	treat addrage	
	Enter Florida s.	treet address	
	Enter Florida s. Citv	treet address, Florida	Zip Code
	City		Zip Code

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>	Address	Type of Action
AMBR	Laurent Bernard, LLC	4909 N Woodmere Fairway, Scottsdale AZ 85251	\begin{align*} \be
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ective date, if other than the date effective date is listed, the date must be	ate of filing:		(option	al)	(05.03)
e: If the date inserted in this block	e specific and cannot be prior c does not meet the applic	able statutory filing re	equirements, this d	ng.) rursuar ate will not	nt to 605.020 t be listed a
ument's effective date on the Department				6.3	~
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cord specifies a delayed effective d	late, but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b)	The 90th d	lay after the
s filed.				•	L)
ed May 13th	2024				22
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		0/0/			S)
Si	enature of member or auto	orized representative of	a member		