

L24000054260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

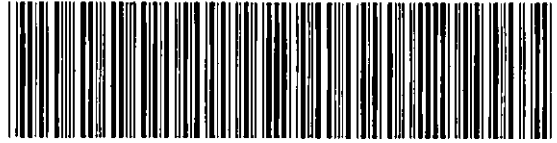
(Business Entity Name)

(Document Number)

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

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05/07/24--01038--010 \*\*35.00

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TALLAHASSEE, FL

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*MC*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 29, 2024

MARIE EDELE BIEN AIME  
18946 NE MIAMI PLACE  
MIAMI, FL 33179

SUBJECT: BRIELLE PRODUCT L.L.C.  
Ref. Number: L24000054260

We have received your document for BRIELLE PRODUCT L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please send me a completed form so that I am able to make the changes / updates that you need taken care of. I am going to mail out and amendment with this just incase that is what you are trying to fill out.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

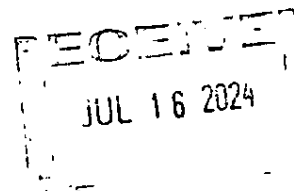
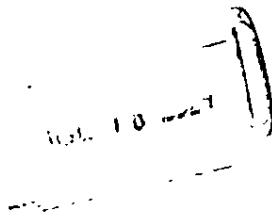
Morgan E Lovett  
Regulatory Specialist II

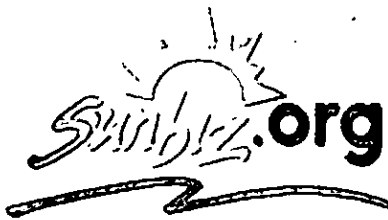
Letter Number: 424A00011639

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Division of  
CORPORATIONS  
and  
REGISTRATION

(<https://dos.myflorida.com/sunbiz/>)

## Update the Address for Officer, Director, Manager or Designated Principal

(See link below for Registered Agent and Registered Office change forms and fees )

**Name of Business Entity:**

BRIELLE PRODUCTS,L.L.C

**Florida Department of State Document/Registration Number:**

L24000054260

**Please provide an email so Sunbiz can contact you if needed:**

bienaimeedeale@yahoo.com

If changing address of officer, director, manager, partner or other principal, enter name and new address.

**Principal's Name:**

Marie Edele Bien Aime

**Principal's New Address**

**Street Address:**

18946 NE Miami Place

**City:**

Miami

**State:**

FL

**Zip Code**

33179

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To change the registered agent, registered office, entity name or any other information, click here (<https://dos.myflorida.com/sunbiz/forms/>) for appropriate form, instructions, and fee.

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[Privacy](#) - [Terms](#)

Submit

Cancel



Ron DeSantis, Governor  
Cord Byrd, Secretary of State

[Privacy Policy \(https://dos.myflorida.com/privacy-policy/\)](https://dos.myflorida.com/privacy-policy/)

[Accessibility \(https://dos.myflorida.com/accessibility/\)](https://dos.myflorida.com/accessibility/) [Site Map \(https://dos.myflorida.com/site-map/\)](https://dos.myflorida.com/site-map/)

Questions or comments? [Contact Us \(https://dos.myflorida.com/contact-us/\)](https://dos.myflorida.com/contact-us/)

[Submit a public records request. \(http://dos.myflorida.com/offices/general-counsel/public-records-requests/\)](http://dos.myflorida.com/offices/general-counsel/public-records-requests/)

Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

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Florida Department of State

The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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TALLAHASSEE, FL

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Brielle Products, 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:

MARIE EDELE BIEN AIME  
Name of Person

BRIELLE PRODUCTS  
Firm/Company

18946 NE MIAMI PLACE  
Address

Florida, 33179  
City/State and Zip Code

bienamedele@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marie Edèle Bien Aime at ( 954 ) 504 1272  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(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 01/29/2024 and assigned Florida document number L24000054260.

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 "LLC."

**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)**

**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:

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**

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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>
MGR	Marie Edelle Ben Ame	18946 NE MIAMI Place	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Marie Edelle Ben Ame	18946 NE MIAMI Place	<input checked="" 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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY  
TALLAHASSEE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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7  
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—  
—  
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Dated 06/21/2024

Signature of a member or authorized representative of a member

Marie Ettele Ben Arme

Typed or printed name of signer

**Filing Fee: \$25.00**