

L 99000002354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

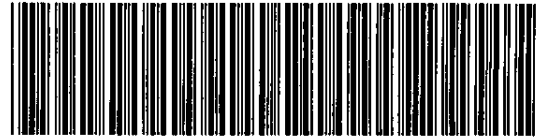
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T. Burch, JUL 12 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 738 N.E. 86TH STREET, L.C.
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:

GINETTE S. RIGAUD

Name of Person

Le Groupe Management

Firm/Company

1175 N.E. 125th Street (#616)

Address

North Miami, FL 33161

City/State and Zip Code

gsrigaud@bellsouth.net

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

For further information concerning this matter, please call:

GINETTE S. RIGAUD

Name of Person

at **(786) 4431536**

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Dominique Dumont	322 N.E 80 TERRACE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33138	<input type="checkbox"/> Remove
MGR	Robert Cambronne	12262 SW 143 LANE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33186	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

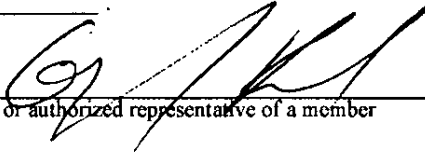
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 COUNTY
 CLERK
 OFFICE
 10/11/08

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 7, 2014



Signature of a member or authorized representative of a member

GINETTE S. RIGAUD

Typed or printed name of signee

2014 JUL 14 14:09:15
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FLORIDA DEPARTMENT OF STATE