

# M17000000944

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : WWMRG  
Account Number : 120160000026  
Phone : (239) 325-4070  
Fax Number : (239) 325-4080

FILED  
2011 AUG -9 PM 5:13  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: ana@lemoulinbakerybistro.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
LE MOULIN, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

K. SALY

AUG 15 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LE MOULIN, LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANA BRENDDEL

Name of Person

LE MOULIN, LLC

Firm/Company

1209 28TH AVENUE NORTH

Address

NAPLES, FL 34103

City/State and Zip Code

ana@lemoulinbakerybistro.com

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

For further information concerning this matter, please call:

MARK SLACK

Name of Person

at ( 239 ) 325-4070

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☒ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: LE MOULIN, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M17000000944

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 02/02/2017

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: LA COLMAR, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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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TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

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TALLAHASSEE, FLORIDA

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
------------------------	-------------	----------------	-----------------------

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

**ANA BRENDL**

Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF AMENDMENT OF "LE MOULIN, LLC",  
CHANGING ITS NAME FROM "LE MOULIN, LLC" TO "LA COLMAR LLC",  
FILED IN THIS OFFICE ON THE FOURTEENTH DAY OF JULY, A.D. 2017,  
AT 5:23 O'CLOCK P.M.

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2017 AUG -9 PM 5:14  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



6132429 8100  
SR# 20175248563

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202892451  
Date: 07-17-17

**STATE OF DELAWARE  
CERTIFICATE OF AMENDMENT**

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Liability Company: Le Moulin, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Section 1 is hereby amended and restated in its entirety to read as follows:

1. The name of the limited liability company is La Colmar LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 14th day of July, A.D. 2017.

By: 

Authorized Person(s)

Name: Edward Mullen

Print or Type



July 24, 2017

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LE MOULIN, LLC  
1209 28TH AVENUE NORTH  
NAPLES, FL 34103US

SUBJECT: LE MOULIN, LLC  
REF: M17000000944

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The last page (signature page) is not legible.

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

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

FAX Aud. #: H17000191832  
Letter Number: 917A00014878

RECEIVED  
2017 AUG -9 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Anne W. Paul, FRP  
Florida Registered Paralegal

Direct Phone: 239.325.2298  
Fax: 239.325.4080  
Email: [apaul@WWMRGLAW.com](mailto:apaul@WWMRGLAW.com)

August 7, 2017

FL Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

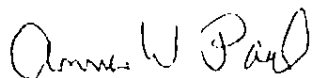
**Subject: Le Moulin, LLC    Ref:    M17000000944**

Dear Sir or Madam:

Enclosed for filing, please find our rejected Application by Foreign Limited Liability Company to File Amendment to Certificate of Authority to Transact Business in Florida.

Should you have any questions or need anything further, please do not hesitate to let me know.

Sincerely,



Anne W. Paul, FRP  
Florida Registered Paralegal

Enclosures