

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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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

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STATE PART OF STATE
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 BRENDEL
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 at (239) 325-4070
Name of Person 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)

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TALLAHASSEE, FLORIDA

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

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

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

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
STATEMENT OF STATE
TAL AHASSEF, FLORIDA



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

6132429 8100
SR# 20175248563

Authentication: 202892451
Date: 07-17-17

You may verify this certificate online at corp.delaware.gov/authver.shtml

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

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SECRETARY 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

August 7, 2017

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

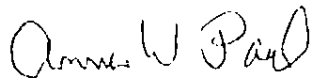
Subject: Le Moulin, LLC Ref: M17000000944

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