M1700000 9315

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special Instructions to Filing Officer:				





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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: L' CASSE NOSTRE 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:
Elena Diaz
Name of Person
GDR LLC
Firm/Company
1940 Wilson Street
Address
Hollywood, FL 33020
City/State and Zip Code
ediaz@gladescs.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Elena Diaz 423-0558
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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: S25 Filing Fee S30 Filing Fee S55 Filing Fee S60 Filing Fee, Certificate of Status Certified Copy 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)

 Name of limited liability Compa 	any as it appear	s on the records of the Flori	da Department of	
State: L' CASSE NOST	RE LLC			
Enter new principal office address, if applicable:		N/A		
(Principal office address			<u> </u>	
MUST BE A STREET ADDRES!)		13	
Enter new mailing address, if appli	cable:	N/A	<u>.</u>	
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)			ं <u>ख</u>	
			ි 	
2. The Florida document number o	f this limited lie	ability company is: M170	00009315	
3. Jurisdiction of its organization:	DELAWAR	₹E 		
4. Date authorized to do business i	n Florida: 11/	01/2017		
SECTION II (5-9 complete only t				
5. New name of the limited liabilit	y company: N	I/A		
	(mus	t contain "Limited Liability	Company, ""L.L.C.," or "LLC.")	
(If name unavailable, enter alternat copy of the written consent of the must contain "Limited Liability Co	nanagers or ma	naging members adopting the	ing business in Florida and attach a ne alternate name. The alternate name	
6. If amending the registered agent registered agent and/or the new reg			ords, enter the name of the new	
Name of New Registered Agent:	N/A	<u>-</u>		
New Registered Office Address:	N/A			
		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.

N/A 8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:					
Fitle/ Capacity Name		Address	Type of Action		
MGR	Glades Corporate Services LLC	1940 Wilson Street Hollywood	Add		
		FI, 33020	Remov		
MGR	GDR LLC	1940 Wilson Street	Add		
		Hollywood, FL 33020	Remov		
			E∏Add		
			Remove		
			Add		
			Remove		
			Add		
aforemention		y the official having custody of records in th	Remove		
jurisdiction t	<u>(017-015</u> F		LR LLC GRM		

Filing Fee: \$25.00