

NO10000006902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

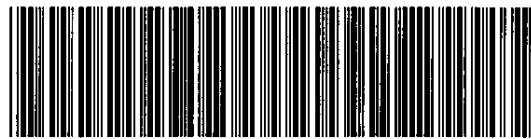
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TALLAHASSEE, FLORIDA

Roberts JUL 08 2010

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** les pelerins loge #7,inc.

**DOCUMENT NUMBER:** n01000006902

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

VIELOT HAROLD PD

(Name of Contact Person)

(Firm/ Company)

2110 NW 192 ter

(Address)

Miami FL 33056

(City/ State and Zip Code)

mduperval1@yahoo.com

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

For further information concerning this matter, please call:

GEORGES MERISIER

(Name of Contact Person)

at ( 786 ) 709-8484

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☒ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

LES PELERINS LOGE#7, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N01000006902

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

n/a

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or " Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

4510 NW 2 Ave

Miami FL, 33127

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

2110 NW 192 Ter

Miami FL, 33056

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

VIELOT HAROLD

New Registered Office Address:

2110 NW 192 Ter

(Florida street address)

Miami

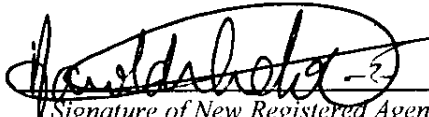
(City)

Florida 33056

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*



(Signature of New Registered Agent, if changing)

(Attach additional sheets, if necessary)

(attach additional sheets, if necessary). (Be specific)

Page 2 of 3

The date of each amendment(s) adoption: June 30, 2010

*(date of adoption is required)*

Effective date if applicable: \_\_\_\_\_

*(no more than 90 days after amendment file date)*

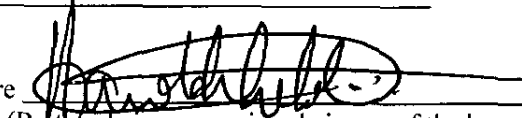
Adoption of Amendment(s)

**(CHECK ONE)**

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated June 30, 2010

Signature



(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

VIELOT HAROLD

(Typed or printed name of person signing)

PD

(Title of person signing)