LZ1000182134

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Ida O

COVER LETTER

TO:

Registration Section

Division of C	Corporations		
	TI FRIENDS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	DOTEL, MANUEL O		
		Name of Person	
	LES PETIT	FRIENUS LLC	
		Firm/Company	
	679 BLUE CITRUS LAN	E	
		Address	
	MINNEOLA/FL 34715-6	09	
		City/State and Zip Code	
	mdotel@gmail.com	to be used for future annual report notification)	
For further informatio	n concerning this matter, please c		
DOTEL, MANUEL C).	305 761-2440	
Nam	e of Person	at ()	ne Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 6	n Section Corporations	Street Address: Registration Section Division of Corporation The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	see

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LET PETIT FRIENDS LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 04/20/2021	and assigned
Florida document number L21000182134		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
LES PETIT FRIENDS LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company." the designation "LLC" or t	he abbreviation "E.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<u></u>	
		5.2
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	-	
maning anarystati me. i i om or i del 2000		
B. If amending the registered agent and/or registered office a	iddress on our records, enter the i	name of the new regist
agent and/or the new registered office address here:		7.3 C.7
		(_ ,
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	<u></u>
	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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Filing Fee: \$25.00