## L23000114024

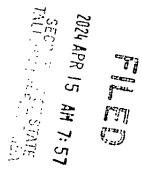
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## **COVER LETTER**

TO: Registration Section Division of Corporation (Corporation)		; <sub>4</sub>	
	alasi Halding	-116	
SUBJECT: ar	Name of Lim	ited Liability Company	
The enclosed Articles of Ar	nendment and fcc(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Daniel	A. Hershman Name of Person	
SUBJECT: Cambrai Holdings LLC Name of Emired Liability Company  The enclosed Articles of Amendment and fec(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    Daniel A. Hershman   Name of Person			
	024 a D	Firm/Company	1
	2240 Px	Im Geach Lakes Blv	<sup>d.</sup> )
		Address	
For further information con-	cerning this matter, please co	all:	
Daniel A. Name of P	<u>Hershman</u> erson	at ( <u>561</u> ) <u>689</u> -2 Area Code Daytime T	3 8 8 7 Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address:		Street Address: Roughtration Section	on

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Cambrai Holdi</u>	ings, LLC				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company	were filed on March 3, 2023 and assigned	ed			
Florida document number <u>L 23000114024</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab					
Loire Holdings LLC					
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."	••			
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDRESS)	024 / SE0 ALL				
	APR FF	Ĉ			
	<u> </u>	5			
Enter new mailing address, if applicable:	<u> </u>	3			
Mailing address MAY BE A POST OFFICE BOX)	- Land	ij			
Truming warrens state to the control of the control	57				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the name of the new re</u>	gist			
New Registered Office Address:	Enter Florida street address				
	Florido				
	, 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

If amending Anthorized 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
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			□Remove
			□Change
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cord specials filed.	fies a delayed (	effective date, b	ut not an effec	ctive time, at 1	2:01 a.m. on the	e earlier of: (b)	The 90th day a	fter the
1	April	9		024				
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