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(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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(Docu	ment Number))
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	
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COVER LETTER

Division of Cor			,
SUBJECT:	Name of Limi	ted Liability Company	_
he enclosed Articles of Amendment and fee(s) are submitted for filting. lease return all correspondence concerning this matter to the following: JESSIE GALBAN			
Please return all correspo	ndence concerning this matter	to the following:	
	JESSIE GALBAN		
		Name of Person	
	FRENCHIE DREAM LLC		
		Firm Company	
	804 PALM FOREST LN		
		Address	
	MINNEOLA FL 34715		
		City/State and Zip Code	
		_	(C
to a contraction of			meatton)
For further information c	oncerning this matter, please c		
JESSIE GALBAN		at (
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addres</u> Registration !		<u>Street Address:</u> Registration Sc	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee.		The Centre of 2415 N. Monro	Tallahassee be Street, Suite 810

Tallahassur, Fl. F2303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRENCHIE DREAM LLC

(A)	Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi	ility Company were filed on 02/26/2020	and assigned
Florida document number L20000063911		
This amendment is submitted to amend the following	ing:	ø,
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "Li	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	<u> </u>
(Principal office address MUST BE A STREET A	ADDRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
P 16 1' 41 'A 'A - 'A - 'A - 'A'	essent offen address on our massands ant	or the nume of the new register
B. If amending the registered agent and/or regi agent and/or the new registered office address h		er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	'ress
	City	FloridaZip 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 ador removed from our records:

MGR = Manager

AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JESSIE GALBAN	804 PALM FOREST LN MINNEOLA FL 34715	= Add
			🗆 Remove
			□Change
MNG	MNG ROXANA M BERNAL.	804 PALM FOREST LN MINNEOLA FL 34715	□Add
			= Remove
			□Change
			□Add
			□Remove
			🗆 Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
	
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 ;	**
iote: lf t	date, if other than the date of filing:
record sp	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	3/19/2020
	Signature of a member or authorized representative of a member
	JESSIE GALBAN
	Typed or printed name of signee

Filing Fee: \$25.00