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(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
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## **COVER LETTER**

SUBJECT:		RESULTS LLC ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	7
	VALE	RIE TAL ONI Name of Person	
	F,	RENCH OSTRIC	CH LLC
	23672	VIA CARINO Address	LANE
	BONITA VALE	SPRINGS, FL City/State and Zip Code ERIETALONI (2) to be used for future annual report notif	34135 <u>EMAIL</u> . Com
For further information	concerning this matter, please ca		(Cation)
VALERIL	-	at ( <u>239</u> ) <u>8-77</u> Area Code Daytime	2322 Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS:	STREET/COURI	

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

Registration Section

**Division of Corporations** 

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF OF
ALL ABOUT RESULTS UC  (Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 10-4-2006 and assigned
Florida document number <u>L 06 0000 9 7 1 9 8</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
FRENCH OSTRICH / LC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the registered agent and/or the new registered office address here</u> :
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
Chaida
, Florida
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 (

If Changing Registered Agent, Signature of New Registered Agent

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 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
		<del>.</del>	
		□ Remove	
			Change
	<del></del>		
		Remove	
		Change	
		Add	
			Remove
		Change	
			□ Add
			□ Remove
			Change
		Remove	
		☐ Change	
		•	
			☐ Remove
			Change

I have retired from my work with All About Results LLC, and, in fact, have not done any work with All About Results since April. I should not have paid for my renewal in May.
In my new business, French Ostrich, I am designing, crafting and selling jewelry.
Effective date, if other than the date of filing: (optional)
Effective date, if other than the date of filing:
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.
Dated 7-25 2019 Mmi
Signature of a member or authorized representative of a member  VALEME TALOW  Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00