113000106985

(Requesto	r's Name)
(Address)	
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(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documen	it Number)
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COVER LETTER

Les Grenouilles LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Maria L. Armenta Name of Person Les Grenouilles LLC Firm/Company 6804 N. Armenia Avenue, Stc. 7 Address Tampa, Florida 33604 City/State and Zip Code Lesgrenouillesllc@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 813 936-9394 Maria L. Armenta Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **2** \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Les Grenouilles, LLC						
(Name of the Lim	ited Liability Company (A Florida Limited Lia	as it now appears on our re- bility Company)	rord <u>s</u>)			
The Articles of Organization for this Limited Liability Company were filed on L13000106985 L13000106985				and assigned		
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liabili	ty company here:				
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "	LLC" or the abbreviation	ı"IlC.	 <u></u>	
Enter new principal offices address, if appli	cable:			<u></u>	<u>¥</u> 2	
(Principal office address MUST BE A STREET ADDRESS)			A	를 문 문		
				~	<u> </u>	
	•		<u> </u>		12.50 12.50 12.50 13.50	
				7	- 45 - 45 - 45 - 45 - 45 - 45 - 45 - 45	
Enter new mailing address, if applicable:				_휴		
(Mailing address MAY BE A POST OFFICE BOX)				<u>-₽</u> ~		
					· ¬	
B. If amending the registered agent and registered agent and/or the new registered of		ce address on our reco	ords, <u>enter the par</u>	ne of t	he new	
Name of New Registered Agent:	Maria L. Armenta					
New Registered Office Address:	6804 N. Armenia	Avenue, Ste. 7				
THE STATE OF THE ASS.		Enter Florida street ad	ldress			
	Tampa		, Florida 33604			
		City	Zip Ce	de		

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
Director	Maria Whitworth	6804 N. Armenia Ave., Ste 7	
	-	Tampa, Florida 33604	■ Remove
			□ Change
Director	Maria L. Armenta	6804 N. Armenia Ave., Ste. 7	
		Tampa, Florida 33604	□ Remove
			☐ Change
			□ Remove
			Change
			Remove
			Change
			
			☐ Remove
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(If an effective Note: If the	late, if other than the date educe is listed, the date must be specied at this block do	of filing:	rior to date of filing or blicable statutory fil	(option more than 90 days after f	iling.) Pursuant to 605.0
document'	s effective date on the Departr	nent of State's recor	rds.		
	specifies a delayed effe th day after the record i		not an effective	time, at 12:01 a.	m. on the earlier
	tust 3, 2018				
Au Dated			·		
Dated		- 1	 ·		

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Filing Fee: \$25.00