L13000135151

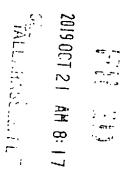
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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	FRENCHTH	IEGIO LLC		
JOBE ET.		Name of Limi	ted Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return	all correspor	idence concerning this matter t	to the following:	
		GIOVANI CASTANO		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		FRENCHTHEGIO LLC		
			Firm/Company	
		3191 SW 147 COURT		
			Address	
		KENDALL WEST, FL 331	185	
			City/State and Zip Code	
		GIO8605@HOTMAIL.COM		<u>,</u> .
		E-mail address: (1	to be used for future annual report notific	cation)
For further i	information co	oncerning this matter, please ca	all:	
GIOVANI	CASTANO		786 651-4631 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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)

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

TO:

Registration Section

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

(Name of the Limited	Liability Compa A Florida Limited	iny as it now appears on our records Ciability Company)	<u>)</u>
The Articles of Organization for this Limited Lia Florida document number L13000135151	bility Company	were filed on 09/25/2013	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of t	the limited liab	ility company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	bie:	2423 NW 147 AVENUE #310	2019 C
(Principal office address MUST BE A STREET	ADDRESS)	MIAMI, FL 33185	0CT 2
Enter new mailing address, if applicable:		2423 NW 147 AVENUE #310	AH 8:
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	MIAMI, 33185	
B. If amending the registered agent and/o registered agent and/or the new registered offi	•	<u>e</u> :	, enter the name of the ne
New Registered Office Address:	2423 NW 147	AVENUE #310	
		Enter Florida street address	
	MIAMI	, Flo	orida ³³¹⁸⁵
		City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

EDENCHTURGIO LLO

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
			Add
			☐ Remove
			□ Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			Remove
			Remove
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		10/01/2				
ective date, if other the neffective date is listed, the d	ate must be speci-	fic and cannot be p	prior to date of fili	ng or more than 90	(optional) days after filing.) Pur	rsuant to 605.02
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cument's effective date of	ruie Departmer	n or state s reco	103.			
record specifies a de The 90th day after th	elayed effect se record is f	ive date, but iled.	not an effec	tive time, at	12:01 a.m. on	the earlier
OCTOBER 17		2019				
			<u> </u>			
		LE	authorized repres			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00