## 117000108365

(Requestor's Name)
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## **COVER LETTER**

MAJESTIC SUBJECT:	QUE BANUET HALL LLC		
3000000	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	THIMOT, PIERRE		
		Name of Person	
		Firm/Company	
610 SW MILLARD DR Address			
		Address	三 三
	PORT SAINT LUCIE, FL 34953		
		City/State and Zip Code	7 MAY 22 M 3: 54
	E-mail address: (	to be used for future annual report notit	ication) $ \mathcal{L} $
For further information of	concerning this matter, please c	all:	
PIERRE THIMOT		773 707-4919 at ()	
Name o	of Person		Telephone Number
Enclosed is a check for the	he 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 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

MAJESTIQUE BANUET HALL LLC	-	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000108365</u> .	were filed on 05/16/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
MAJESTIQUE BANQUET HALL LLC		- 100 C
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation L.L.
Enter new principal offices address, if applicable:	610 SW MILLARD DR	20 85%
(Principal office address MUST BE A STREET ADDRESS)	PORT SAINT LUCIE, FL 34953	2 1196
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		3; St.
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:		r the name of the ne
New Registered Office Address:	Enter Florida street address	
	•	
	, Florida _	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 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>	<u>Address</u>	Type of Action
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the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.	r of:
Dated	MAY 19	
Date		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00