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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMBIANCE EXPERIENCE, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

David R. Roy

Name of Person

David R. Roy, P.A.

Firm/Company

4209 N. Federal Hwy.

Address

Pompano Beach, FL 33064

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David R. Roy

954

784-2961

at ()

Name of Person

Area Code

Daytime 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)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

AMBIANCE EXPERIENCE, LLC

(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 6/12/2017 and assigned
Florida document number 117000128266.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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>	<u>Type of Action</u>
AMBR	Greta Marshall	P.O. Box 552454	<input type="checkbox"/> Add
		Opa Locka, FL 33055	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
Tech Sup	Shelley Marshall	P.O. Box 552454	<input type="checkbox"/> Add
		Opa Locka, FL 33055	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
R/A	Jelani Davis	2700 University Drive	<input type="checkbox"/> Add
		Pembroke Pines, FL 33025	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This company is a Member managed company pursuant to F.S. Section 605.0407

E. Effective date, if other than the date of filing: November 1, 2022 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 11/23, 2022

Greta Marshall

Signature of a member or authorized representative of a member

Greta Marshall

Greta Marshall

Typed or printed name of signer

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000128266

Entity Name: AMBIANCE EXPERIENCE LLC

Current Principal Place of Business:

2700 SOUTH UNIVERSITY DRIVE
STE 205,206,207
MIRAMAR, FL 33025

Current Mailing Address:

P.O. BOX 552454
OPA LOCKA, FL 33055 US

FEI Number: 82-1824233

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVIS, JELANI CHARLES
2700 SOUTH UNIVERSITY DRIVE
STE 205,206,207
MIRAMAR, FL 33025 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida

SIGNATURE: JELANI DAVIS

04/23/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name MARSHALL, GRETA
Address P.O. BOX 552454
City-State-Zip: OPA LOCKA FL 33055

Title VP
Name MARSHALL, VINCENT
Address P.O. BOX 552454
City-State-Zip: OPA LOCKA FL 33055

Title REGISTERED AGENT
Name DAVIS, JELANI
Address 2700 UNIVERSITY BLVD.
City-State-Zip: PEMBROKE PINES FL 33025

Title TECHNICAL SUPPORT
Name MARSHALL, SHELLEY
Address P.O. BOX 552454
City-State-Zip: OPA LOCKA FL 33055

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other individuals empowered.

SIGNATURE: GRETA MARSHALL

MGRM

04/23/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date