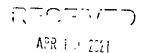
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

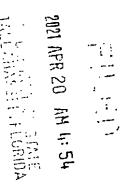
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COVER LETTER

TO: Registration Division of C				
	VE & SKYE	•		
SUBJECT:	Name of Lir	nited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	pondence concerning this matter	to the following:		
	SHARON BLAKE			
		Name of Person		
	HARLOWE & SKYE			
		Firm/Company		
	2226 LAKE WORTH RO	AD 111		
		Address		
	LAKE WORTH FLORID	A 33461		
	CHADDANITZ CZY ALICY	City/State and Zip Code		
	SHARRAINE66@YAHOC E-mail address: (to be used for future annual report noti	fication)	
For further information	concerning this matter, please c	all:		
SHARON BLAKE		561 270 9000		
Name of Person		at ()at ()	e 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

HARLOWE & SKYE (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 03/02/2018 and assigned Florida document number ± 18000055853 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LILOU VICTOIRE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation at 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 BON) 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			🗆 Change
			🗆 Add
			Remove 2021Change
			PR 25/Jul 1
		ACCO	☐Remove ✓
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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			□Remove
			□Change

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Filing Fee: \$25.00