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COVER LETTER

TO: Registration So Division of Cor			
	CTOIRE LLC		
SUBJECT:	Name of Lin	nited Liability Company	
m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Amendment and fee(s) are sul	-	
Please return all correspo	ondence concerning this matter	to the following:	
	SHARON BLAKE		
		Name of Person	·
	LILOU VICTOIRE LLC		
		Firm/Company	
	2226 LAKE WORTH RO	AD 111	
		Address	
	LAKE WORTH FLORID	A 33461	
		City/State and Zip Code	
	SHARRAINE66@YAHOO		
		to be used for future annual report not	(fication)
For further information c	oncerning this matter, please c	all:	
SHARON BLAKE		561 270 - 9000 at ()	
Name o	f Person		ne Telephone Number
Enclosed is a check for th	ne 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)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Se	ection
Division of C	orporations	Division of Cor	
P.O. Box 632		The Centre of T	
Tallahassee, I	TL 02014	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ED OF

2022 HAR -1 AH 7:50

LILOU VICTOIRE 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 MARCH 02, 2018	and assigned
Florida document number L18000055853		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "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)		
D 16		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:		
	-	
New Registered Office Address:	Enter Florida street address	
	Prta	
	Florida	Zip Code
New Registered Agent's Signature if changing Degletaned Agent.		

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 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
			Change
			□Add
		-	□Remove
			Change
			□Add
			□Remove
			□Change
			
			□Remove
			Change
			□Add
			□Remove
		.	□Change
			□Add
			□Remove
			□Change

The purpose of the Limited Lia	ability Company is to engage in any lawful act or activity for which a Limited
Liability Company may be orga	anized.
· · · · · · · · · · · · · · · · · · ·	
	
	03/02/2022
ective date, if other than the deflective date is listed, the date must be: If the date inserted in this block ument's effective date on the Department.	ate of filing:
ord specifies a delayed effective c filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
FEBRUARY 10	$a = \frac{2022}{2000}$
	$\overline{\mathcal{V}}$

Typed or printed name of signee