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COVER LETTER

TO: **Registration Section Division of Corporations**

Florida Pros Soleil Realty, LLC

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Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person	
Florida Pros Soleil Realty, LLc	
FirmyCompany	•••
	م . ب هند
1791 Ruiz Street	,
Address	ا
North Port, FL 34286	- 1
City/State and Zip Code	çö
cecilelansiquot@gmail.com	с ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;

941 302-2225 Cecile Lansiquot at (Daytime Telephone Number Name of Person Area Code

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/COURIER ADDRESS:

Registration Section Division of Corporations **Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Pros Soleil Realty, LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/09/2018	_ and assigned
Florida document number 1.18000088791	

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 he distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable:	است مربع (۱)
(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, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		_, 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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager

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AMBR = Authorized Member

Title	Name	Address	Type of Action
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			Remove
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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_ ----<u>- 16</u> Signature of a member or authorized representative of a member Cecile hansing work Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00