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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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:						
		Saintlouis II	c			
SUBJ	ECT:		Name of Limi	ited Liability Company		
The e	BJECT: Saintlouis Ilc					
Pleas	e return	all correspo	ndence concerning this matter	to the following:		
			Rigaud Saint Louis			
	Name of Person					
			Saint Louis LLC			
Firm/Company						
			11211 nw 39TH ST,Unit	ie		
				Address		
			-	City/State and Zip Code		
					ration)	
For fi	urther ii	nformation c			activity	
Rigaud Saint Louis						
		Name o	f Person	Area Code Daytime	Telephone Number	
Enclo	osed is a	check for th	ne following amount:			
■ S	25.00 F	îling Fcc		Certified Copy	Certificate of Status & Certified Copy	

MAILING ADDRESS:

TO:

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

Saintlouis Ilc		
(Name of the Lim	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
Articles of Organization for this Limited I	Liability Company were filed on 05/15/2018	and assigned
s amendment is submitted to amend the fol	lowing:	
If amending name, enter the new name o	of the limited liability company here:	
new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
er new principal offices address, if appli	cable:	
incipal office address MUST BE A STRE	ET ADDRESS)	
_		JU STORE
		OF TAR
ter new mailing address, if applicable:	<u></u>	
uiling address MAY BE A POST OFFICE	: BOX)	F S
		ATIO
		- X:
If amending the registered agent and istered agent and/or the new registered of	d/or registered office address on our records, soffice address here:	enter the name of the
Name of New Registered Agent:	Rigaud saint Louis	
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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>	Type of Action
CEO	Rigaud saint Louis	3940 Nw 110 Ave Coral Springs	
			□ Remove
		<u></u>	Change
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			□ Remove
			Add
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			Remove
			☐ Change
			Add
			□ Remove
			Change
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			Remove
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an effect lote: If	e date, if other than the date of filing:	o 605.020 : listed a.
recoi The 9	rd specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the e 0th day after the record is filed.	arlier c
ated	7/13/2018	
	Signature of a member or authorized representative of a member	_
	Rigaud saint Louis	
	Typed or printed name of signee	_

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