

L18000261605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

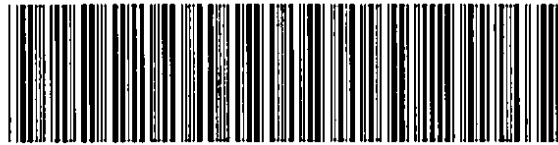
(Document Number)

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2019 NOV 23 PM 1:20

CLERK

CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANTHOLAS LLC
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:

NICOLAS CLICHY
Name of Person

NATURA EATERY ANTHOLAS LLC
Firm/Company

1600 NE 1st Ave, Unit #4,
Address

Miami, FL 33132
City, State and Zip Code

nclichy@hotmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

NICOLAS CLICHY at (786) 355 3443
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

October 30th, 2019

Hello,

To whom it may concern, my names is Nicolas Clichy.

The name of my company is Antholas, LLC, my document number is L18000261605,
my EIN is 83-2518932.

The reason for this letter is I need to remove a Manager from the account, as of now there are two managers, the one that needs to be removed is below:

Title MGR

N.C.C.D.R EVENTS, LLC
1600 NE 1ST AVE, APT 1405
MIAMI, FL 33132

Please remove the above MGR and leave the other (Nicolas Clichy) as I am the ONLY MGR of the business.

Should you have any questions, my Accountant can be reached by any of the two below methods:

Name >> Gregory Roberts

Number >> 786-586-3783

Email >> groberts@accountingassociatesllc.net

Thank you,

A handwritten signature in black ink, appearing to read 'Nicolas Clichy', written over a horizontal line.

Nicolas Clichy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2019

NICOLAS CLICHY
1600 NE 1ST AVENUE
APT. #1405
MIAMI, FL 33132

SUBJECT: ANTHOLAS LLC
Ref. Number: L18000261605

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 019A00024798

2019 DEC 23 PM 12:14

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2019 DEC 23 PM 1:20

ANTHOLAS 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 11/07/2018 and assigned Florida document number 118000261605.

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)

1600 NE 1st Ave, Apt #1405
Miami, FL 33132

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1600 NE 1st Ave, Apt #1405
Miami, FL 33132

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:

NICOLAS CLICHTY

New Registered Office Address:

1600 NE 1st Ave, Apt #1405
Enter Florida street address

Miami Florida 33132
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NICOLAS CLICHY	1600 NE 1st Ave, Apt 1505 Miami, FL 33132	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	NCCOR- EVENTS LLC		<input type="checkbox"/> Add <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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

NICOLAS CULICH
Typed or printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00