# L19000021035

(Re	questor's Name)	_ <del></del>
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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R. WHITE



## **COVER LETTER**

	tration Section ion of Corporations	3	
C SUBJECT: _	TWO FRENCH G	GUYS LL ability Company	<u>C</u>
The enclosed A	Articles of Amendment and fee(s) are submitted	for filing.	
Please return a	Il correspondence concerning this matter to the	following:	
	ROUGE HE	とうして Name of Person	
	Hence and Co	ethy IC Firm/Company	
	1347 Clama	tis La Address	
	Winter Back	F) 327 (State and Zip Code	92
	henve cou a	ed for future applyial report	COM
For further info	ormation concerning this matter, please call:		
Rove	Name of Person	at (407) 92 Area Code Day	3 65 10 time Telephone Number
Enclosed is a c	heck for the following amount:		
\$25.00 Fili	ing Fee S30.00 Filing Fee & S 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**

FILED

Two French Goys LC 2019 FEB-1 PM 3:08
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)  [ALL]  [ALL]  [ALL]
The Articles of Organization for this Limited Liability Company were filed on Sanuary 18, 2019 and assigned
Florida document number <u>L1900021035</u>
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 "L.L.C" or the abbreviation "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)
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
City Florida Florida
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 charge 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		
MGR	Francois Cahayne	2405 Passamonte Dr			
	v	2405 Passamonte Dr Winter park, F1 32792	Remove		
			Change		
			Remove		
			Change		
			Remove		
			Change		
			Remove		
			Change		
			D Add		
			□ Remove		
			🖸 Change		
			Add		
			D Remove		

\_ Change

D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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<u>Note:</u>	(optional) ective date, if other than the date of filing:  (optional) ective 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 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	01/31/2019
	Signature of a member or authorized representative of a member
	ROUGE HEAVE Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00