

219 000 164 199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

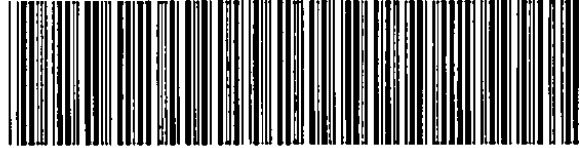
(Business Entity Name)

(Document Number)

Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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LA-  
1/14/21

**Registration Section  
Division of Corporations**

FRANCYANE LLC

ACT:

Name of Limited Liability Company

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

return all correspondence concerning this matter to the following:

SERGIO LUIZ DOS SANTOS

Name of Person

Firm/Company

300 SUNNY ISLES BLVD

Address

SUNNT ISLES BEACH FLORIDA 32819

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

other information concerning this matter, please call:

NA KARFTTSAS

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4365110

at ( )

Name of Person

Area Code

Daytime Telephone Number

ed is a check for the following amount:

\$5.00 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**TO  
ARTICLES OF ORGANIZATION  
OF**

FRANCYANE LLC

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

Articles of Organization for this Limited Liability Company were filed on 06/21/2019 and assigned document number L19000164199.

Amendment is submitted to amend the following:

Changing 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."

New principal offices address, if applicable:

same

Principal office address MUST BE A STREET ADDRESS

New mailing address, if applicable:

SAME

Mailing address MAY BE A POST OFFICE BOX

Changing 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

Florida

City

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is submitted 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

**Manager**  
= **Authorized Member**

[illegible]

ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ADD NEW MEMBER

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

If the 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 member's effective date on the Department of State's records.

If the date 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 date of filing.

NOVEMBER 25TH 2020

Signature of a member or authorized representative of a member

SERGIO LUIZ DOS SANTOS

Typed or printed name of signee