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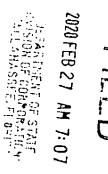
(Re	questor's Name)	
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MAR 20 2020

S. YOUNG

COVER LETTER

TO:

Tallahassee, FL 32314

	ration Sec on of Corp				
յս SUBJECT:∗	liette Hold	ings, LLC	4	v	
7 .		Name of Lim	ited Liability Company		
The enclosed A	rticles of A	mendment and fec(s) are sub	mitted for filing.		
Please return all	correspon	dence concerning this matter	to the following:		
		Lam Ngo			
			Name of Person	•	
		-	Firm/Company		
		213 Birdiewood Ct			
			Address		
		DeBary, FL 32713			
		chromiums@gmail.com	City/State and Zip Code		
		E-mail address: (Name of Person Firm/Company 13 Birdiewood Ct Address eBary, FL 32713 City/State and Zip Code comiums@gmail.com E-mail address: (to be used for future annual report notification) ning this matter, please call: 386 212-7073 at (
For further infor	mation cor	ocerning this matter, please ca	all:		
Lam Ngo				-7073	
	Name of I	² erson		Daytime Teleph	one Number
Enclosed is a ch	eck for the	following amount:			
■ \$ 25.00 Filin	g Fec	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy		Certificate of Status &
	Address: ration Se	ction	Street Add		
_		porations		tion Section of Corporation	ons
P.O. B	80x 6327			tre of Tallaha	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Juliette Holdings, 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 Florida document number 1.20000032176

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 "LLC."

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
	Florida

City

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 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>	Name	Address	Type of Action
AM	Lam T Ngo	213 Birdiewood Ct	
		DeBary, F1. 32713	□Remove
			■Change
AM	Jennie M Ngo	213 Birdiewood Ct	
		DeBary, FL 32713	□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
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f an effective da	e, if other than th te is listed, the date m	ust be specific and	cannot be prior	to date of filing or i	opti nore than 90 days after	filing.) Pursuant to 605.	0207 (
	ate inserted in this l fective date on the				ng requirements, thi	s date will not be liste	ed as t
		•					
record specif d is filed.	ies a delayed effect	ive date, but not	an effective ti	me, at 12:01 a.m.	on the earlier of: (b) The 90th day after	the
	ry 23		2020				
hebruar		1	·	<u> </u>			
Pebruar Dated		A 11 14	$\overline{}$				

Filing Fee: \$25.00

Typed or printed name of signee