## 120000 147784

(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:

Office Use Only



000373049380

09/16/21--01008--008 \*\*35.00

2821 GCT 13 PH 4: 01

## **COVER LETTER**

TO: Registration Solution of Col				 
	ANTOINE LLC		Santa a no	
SUBJECT:	Name of Lin	nited Liability Company	<u>284 0CT</u> 13	PH 1:11
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	JOULENE ANTOINE			
		Name of Person		
	JOCLENE THE CONSUL	TANT		
	<del></del>	Firm/Company		
	1660 NW 132ND ST			
		Address		
	MIAMI FL 33167			
		City/State and Zip Code		
	JOULENETHECONSULT			
For further information c	b-mail address: ( concerning this matter, please e	to be used for future annual report not	ification)	
JOULENE ANTOINE	, pressed	305 778-6729		
Name of Person		at ()	ne Telephone Number	
		· ··•		
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Certificate of Certified Contadditional cop	of Status & -
Mailing Addres Registration 9		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Co	rporations	
P.O. Box 632 Tallahassee, 1		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JOULENE ANTOINE LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	and assigned
lorida document number <u>L20000147784                                  </u>		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lia	ability company here:	
OULENE THE CONSULTANT LUC		
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		****
		2.0
		. 1
3. If amending the registered agent and/or registered offic	e address on our records, <u>enter t</u> h	ie name of the new regist
gent and/or the new registered office address here:		24
		<u> </u>
Name of New Registered Agent:		1: 02
	-	
New Registered Office Address:	Enter Florida sweet address	
	raiter i aorida sirvel adal ess	
	, Flor	
	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 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		
			□Add		
			□Remove		
			①Change		
			□Add		
			□Remove		
			☐ Change		
			□ Add		
			□ □Remove		
			□Change		
			□Add		
			□Remove		
			□Change		
			□Add		
			□Remove		
			□Add		
			□Remove		

\_\_\_\_\_ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, (finecessary.)
· email address for business is
joulenethe consultant @ small. com
· new name of businessis
Joylene The Consultant.
Soquette The Consultari.
E. Effective date, if other than the date of filing:
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.
Dated OCTOBER 4 2021  Signature of a plember or authorized representative of a member
JOULENE ANTOINI
Typed or printed name of signee

Filing Fee: \$25.00