

L20 000 173806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

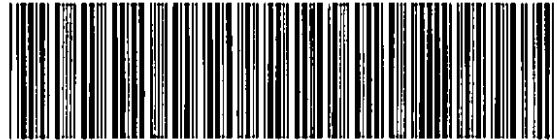
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VIEDELENOIR RETAIL 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:

BETTY LOUIS

Name of Person

VIEDELENOIR RETAIL LLC

Firm/Company

3255 NW 94TH AVE #9348

Address

CORAL SPRINGS, FL 33075

City/State and Zip Code

viedelenoir@gmail.com

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

For further information concerning this matter, please call:

Betty Louis

954 6875411
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VIEDELENOIR RETAIL 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 06/26/2020

Florida document number L20000173806

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

VIEDELENOIR RETAIL, LLC

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)

3255 NW 94TH AVE #9348

CORAL SPRINGS, FL 33075

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3255 NW 94TH AVE #9348

CORAL SPRINGS, FL 33075

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:

LOUIS, BETTY

New Registered Office Address:

3255 NW 94TH AVE #9348

Enter Florida street address

CORAL SPRINGS

City

Florida 33075

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.

Betty Louis
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>	<u>Type of Action</u>
AMBR	LOUIS, Betty	3255 NW 94 th Ave #9348	<input type="checkbox"/> Add
		Coral Springs, FL 33075	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
		920 NW 110 th Ave	<input type="checkbox"/> Add
		Coral Springs, FL 33071	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

JUST SO WE ARE CLEAR I AM REMOVING THE
920 NW 110TH AVE ADDRESS FROM ALL RECORDS
I WILL NOW MOVE FOR WITH A PHYSICAL ADDRESS
I HAVE WITH MY POSTAL SERVICE :
{ 3255 NW 94TH AVE # 9348 }
{ CORAL SPRINGS, FL 33075 }

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 June 30th, 2020.

Betty Louis

Signature of a member or authorized representative of a member

Betty Louis

Typed or printed name of signee