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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
TONE
J. HORIVE
J. HORNE APR - 5 2022
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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	Name of Lim	LLC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
		Sha The mpson Name of Person Ouvoir LLC Firm/Company	
	Orlando FL	Stock Laike Blve Address City/State and Zip Code	1827
	E-mail address: (i	Dir a grant Con to be used to future annual report notif	(Teation)
For further information con Tonni e Nume of P	Cersing this matter, please ca	ar (252) 2280	3294 : Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	2 \$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:		Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

FILED

POUVOIRLLIC	2022 APR -5 AM 8: 27
(Name of the Limited Liability Compa (A Florida Limited l	Liability Company) TALLAHASSEF FLOOR
The Articles of Organization for this Limited Liability Company	were filed on $\frac{1}{12020}$ and assigned
Florida document number <u>L20000185629</u> .	1 '
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Puvoir LLC The new name must be distinguishable and contain the words "Limited Liabil	
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	6900 Tavistock Lake Blvd.
(Principal office address MUST BE A STREET ADDRESS)	Suite 400
	Svite 400 Orlando 71 32827
Enter now mailing address if and inchin	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
New Neglacied office Address.	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
		<u></u>	□Change
			□Add
			□Remove
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			Change
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			□Remove
			□Change

r ec	
Note:	date, if other than the date of filing:
e reco rd is f	rd 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 led.
Dated	April 5 2022
	Signature of a member or authorized representative of a member
	Tonniesha Thomisson Typed or printed name of signee
	10MILLONA WOMYSON

Filing Fee: \$25.00