LZO 000 185644

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 1, 2020

EDDY FRANCOIS 13424 YAGER LANE PORT CHARLOTTE, FL 33981

SUBJECT: BOUKAN GINEN, LLC Ref. Number: L20000185644

We have received your document for BOUKAN GINEN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor
Letter Number: 620A00018994

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears of or or rida Limited Liability Company)	<u>ir/récords.</u>)5 F1	1.2; 03
he Articles of Organization for this Limited Liability orida document number		20	and assigned
nis amendment is submitted to amend the following	:		
. If amending name, enter the new name of the l	imited liability company here:		
e new name must be distinguishable and contain the words "I	Limited Liability Company," the designati	ion "LLC" or the a	obreviation "L.L.C."
nter new principal offices address, if applicable:			· · · · · · · · · · · · · · · · · · ·
rincipal office address MUST BE A STREET AD	DRESS)		
			
iter new mailing address, if applicable:			
<u>ailing address MAY BE A POST OFFICE BOX)</u>			
If amending the registered agent and/or registe ent and/or the new registered office address here		s, <u>enter the nan</u>	ne of the new regis
Name of New Registered Agent:	EDDY D. FRA	NCOIS	
New Registered Office Address:	13424 YAGER LANE		
	Enter Florida stre	et address	
	PORT CHARLOTTE	Florida	33981
	City		Zip Code

Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and opt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is g filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

amenging Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records: IGR = Manager MBR = Authorized Member Type of Action Address Name itle 701 SE 6TH AVE SUPE 200 9 PH 5: 09 PH CONSULTING, L.L.C. **IGR** DELRAY BEACH, FL 33483 Remove _ 🗆 Change ED-F Manina P. François 1GR Port Charlotte Florida. 33981 _ □Remove _ 🛘 Change \Box Add □ Change _____ _ _ _ __ Remove ____ Change _____ Remove

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n effective date is listente: If the date inser	d, the date must be specific and cannot be prior to date of filing or meted in this block does not meet the applicable statutory filing late on the Department of State's records.	(optional) nore than 90 days after filing.) Pursuant to 60 ng requirements, this date will not be lis
ecord specifies a del is filed.	ayed effective date, but not an effective time, at 12:01 a.m. o	on the earlier of: (b) The 90th day aft
10 / 15	/2020 F11.	

Filing Fee: \$25.00