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COVER LETTER

Registration Section

TO:

Divi	ision of Cor	porations				
	FRENCH C	AVE, LLC				
SUBJECT: Name of Limited Liability Company						
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.			
Pleasc return	all correspon	ndence concerning this matter	to the following:			
		ANTONIO REGOJO				
			Name of Pers	on		
		REGOJO LAW, PA				
			Firm/Compar	ıy		
		12550 BISCAYNE BLVD	STE 110			
	Address					
	MIAMI, FL 33181					
			City/State and Zip	Code	<u> </u>	
		aregojo@regojolaw.com				
		E-mail address: (to be used for future	annual repoπ no	tification)	
For further in	iformation co	oncerning this matter, please ca	all:			
ANTONIO I	ÆGOJO		305 at (814-8299	me Telephone Number	
	Name of	F Person	Area Coo	le Daytii	me Telephone Number	
Enclosed is a	check for th	e following amount:				
≅ \$25.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	Certified Co	~	Certified (of Status &
Reg Div P.C	iling Addres gistration S vision of C D. Box 632 lahassee, I	Section orporations 7	Re Di Ti 24	reet Address: egistration Solvision of Cone Centre of 15 N. Monrallahassee, F	orporations Tallahassee oe Street, Suite 81	0

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FRENCH CAVE, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.)	
(A Fidilla Limito Lie	lability company)	
The Articles of Organization for this Limited Liability Company w	were filed on and assignment	gned
Florida document number L20000236720		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty 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)		
(Trincipal office mantes) MOST BE A STIESS TABLESS,		
Cater any molling address if applicables		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad	ddress on our records, enter the name of the new	registere
agent and/or the new registered office address here:	,	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered 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	e to act in this capacity. I further agree to compl	y 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>	<u>Name</u>	Address	Type of Action
MGR	ZURELY HERNANDEZ	6001 SW 70TH STREET	🖷 🖺 Add
		CU-107	□Remove
		MIAMI, FL 33143	☐ Change
			□Remove
			Change
			□Remove
			☐ Change
			□Add
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fective date, if other than the dun effective date is listed, the date must be ote: If the date inserted in this bloom	late of filing: be specific and cannot be prior ck does not meet the applic	r to date of filing or more the	(optional) an 90 days after filing.) Pr uirements, this date wi	arsuant to 605.0207
cument's effective date on the Dep	partment of State's records	i.	·	
ecord specifies a delayed effective is filed.	date, but not an effective t	ime, at 12:01 a.m. on the	e earlier of: (b) The 9	
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	11 m			
Ŝ	signature of a member or auth	ortzed representativo of a n	nember	2021 11/21 11/2 11/1:53

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Filing Fee: \$25.00