

L20000252289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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800370281418

FILED
2021 AUG 17 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2021 AUG 17 AM 11:02
TALLAHASSEE, FLORIDA

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 08/17/2021

****WALK IN****

ENTITY NAME Souffrant LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$25.00

ACCOUNT #: I20160000072

S. R. JNO

Please call Tina at the above number for any issues or concerns. Thank you so much!

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

Souffrant 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 08/17/2020 and assigned
Florida document number L20000252289.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5379 Lyons Rd

No. 1683

Coconut Creek, FL 33073

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5379 Lyons Rd

No. 1683

Coconut Creek, FL 33073

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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: _____

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 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 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>
AMB	Pierre Evens Souffrant	613 South State Road 7 2F	<input type="checkbox"/> Add
		Margate, FL 33068	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Johnson Monestime	7456 Viscaya Circle	<input type="checkbox"/> Add
		Margate, FL 33063	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Managing Member	Cebastian Jordan Souffrant	5379 Lyons Rd	<input type="checkbox"/> Add
		No. 1683	<input type="checkbox"/> Remove
		Coconut Creek, FL 33073	<input checked="" type="checkbox"/> Change
MGR	Nerlande Belidor	7456 Viscaya Circle	<input type="checkbox"/> Add
		Margate, FL 33063	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Shannaya Jaynell Souffrant	7456 Viscaya Circle	<input type="checkbox"/> Add
		Margate, FL 33063	<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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(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)

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 August 16, 2021

/s/ Nerlande Belidor
Signature of a member or authorized representative of a member

Nerlande Belidor

Typed or printed name of signee

Filing Fee: \$25.00