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Special Instructions to	Filing Officer:	
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Office Use Only



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# **COVER LETTER**

TO: * Registration Sec Division of Com		٠,	
SUBJECT:	TVENCH CONNECT Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	dence concerning this matter t	to the following:	
	angel Ca	SIGNO Name of Person	
	French Co	MARCI VEROLS LLC	
	902 Birdie W	) Address	<u>.</u>
	Apollo Bra angel. Casia	City/State and Zip Code  On O O O O O O O O O O O O O O O O O O	
For further information co	ncerning this matter, please ca		cation )
ange I Manne of	SÍQ N Ō Person	at ( <u>213</u> ) <u>5 25-7</u> Area Code Daytime	1 J.Z. Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$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 Registration Se		Street Address: Registration Sect	tion

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.

(Name of the Limited Liability Cor (A Florida Limited	hpany as it now appears on our records.) and Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L2000322450</u> .	any were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
French Connect Kennels The new name must be distinguishable and contain the words "Limited Li		
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A-	
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, enter the na	me of the new register
Name of New Registered Agent:	/A	
New Registered Office Address:		
	Enter Florida street address	Č.
	, Florida _	Zip Code
New Registered Agent's Signature of changing Registered Age		лр Со <del>н</del> е

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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Note: If	e date, if other than the date of filing:
d is filed	
Dated	4/1/2021  Organized representative of a member  Signature of a member or authorized representative of a member
	and
	Signature of a member or authorized representative of a member
	Angel Casiano Typed or printed name of signee

Filing Fee: \$25.00

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	A Florida Limited Liability Con	appears on our recording	<u>ds.</u> )
The Articles of Organization for this Limited Lia Florida document number <u>L 2000<b>3</b> 22 U 5</u> L 20003 220 This amendment is submitted to amend the follow	bility Company were filed  50  50  50  wing:	on <u>/0/. /2/</u>	and assigned
A. If amending name, enter the new name of	the limited liability comp		
The new name must be distinguishable and contain the wo	- Kinnels LCC rds "Limited Liability Company	"," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	N /A	
(Principal office address MUST BE A STREET			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>	N /A	
B. If amending the registered agent and/or reagent and/or the new registered office address			r the name of the new registered
Name of New Registered Agent:	anget casia	AG (170	N/A
New Registered Office Address:			
	En	iter Florida street addre	253
		, <b>F</b> i	lorida
	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.