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TO: **Registration Section Division of Corporations** Saint Michel LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Thaddaeus Michel Name of Person Saint Michel Firm/Company 13858 NW 22nd CT Address Sunrise, Florida, 33323 City/State and Zip Code Thadmichel@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Thaddaeus Michel 954 3366297 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■ \$25.00** Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

Mailing Address:

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

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certified Copy

(additional copy is enclosed)

ARTICLES OF ORGANIZATION OF

Saint Michel		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records Florida Limited Liability Company)	<u>.</u>)
ne Articles of Organization for this Limited Liab orida document number	oility Company were filed on October 14, 2020	
nis amendment is submitted to amend the follow	ving:	
If amending name, enter the new name of the	he limited liability company here:	
c new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC"	رے
iter new principal offices address, if applicab	ile:	<u> </u>
rincipal office address MUST BE A STREET	ADDRESS)	[1]
nter new mailing address, if applicable:		5:00
failing address MAY BE A POST OFFICE BO	<u> </u>	
If amending the registered agent and/or regent and/or the new registered office address		he name of the new registe
Name of New Registered Agent:	 	
New Registered Office Address:		
	Enter Florida street address	
	, Flor	

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	THADDAEUS MICHEL	Thaddaeus Michel	
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ective date, if other than the d effective date is listed, the date must b	e specific and cannot be prior	to date of filing or more	than 90 days after filing) g.) Pursuant to 605.020
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cord specifies a delayed effective	date, but not an effective ti	ime, at 12:01 a.m. on t	he earlier of: (b) T	he 90th day after the
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November 17	2020			
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