

L2100001108101

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(City/State/Zip/Phone #)

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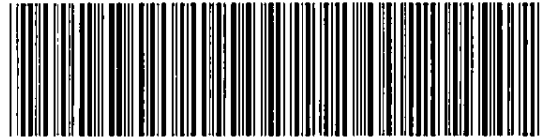
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24 MAR 26 AM 10:15  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TRILL EXOTIC FRENCHIES LLC**

\_\_\_\_\_  
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:

WILLIAM SMITH

\_\_\_\_\_  
Name of Person

TRILL EXOTIC FRENCHIES LLC

\_\_\_\_\_  
Firm/Company

924 N MAGNOLIA AVE SUITE 202 UNIT #5072

\_\_\_\_\_  
Address

ORLANDO FL 32803

\_\_\_\_\_  
City/State and Zip Code

Trillexoticfrenchies00@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM SMITH

904 258-9300  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**Mailing Address:**

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

**Street Address:**

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**

TRILL EXOTIC FRENCHIES 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 01/05/2021

and assigned

Florida document number L21000016867

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 "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

924 N MAGNOLIA AVE SUITE 202 UNIT #5072

ORLANDO FL 32803

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

924 N MAGNOLIA AVE SUITE 202 UNIT #5072

ORLANDO FL 32803

**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:

924 N MAGNOLIA AVE SUITE 202 UNIT #5072

*Enter Florida street address*

ORLANDO

Florida 32803

*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**

[illegible]

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

PLEASE UPDATE REGISTERED AGENT ADDRESS TO LISTED ADDRESS :

924 N MAGNOLIA AVE SUITE 202 UNIT #5072 ORLANDO FL 32803

PLEASE CHANGE PRINCIPAL ADDRESS ON FILE TO LISTED ADDRESS

924 N MAGNOLIA AVE SUITE 202 UNIT #5072 ORLANDO FL 32803

PLEASE CHANGE BUSINESS MAILING ADDRESS ON FILE TO LISTED ADDRESS

924 N MAGNOLIA AVE SUITE 202 UNIT #5072 ORLANDO FL 32803

**E. Effective date, if other than the date of filing: 03/15/2024 (optional)**

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 03/15/2024 . . .

\_\_\_\_\_  
Signature of a member or authorized representative of a member

WILLIAM SMITH

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**