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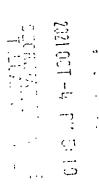
(Requestor's Name)					
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OCT 09 2021

COVER LETTER

Division of Cor	porations						
PF96 LEC			•				
SUBJECT:	•						
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	Ricardy Steve Paul						
		Name of Person		.			
		Firm/Company					
	5041 Starbaze Drive						
		Address					
	Greenacres, FL 33463						
		City/State and Zip Cod	e				
	pharisienfrancois@gmail.co E-mail.address: (t		al report notification)		· 5	202	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:				, , 1 1	2021 OCT -		
Ricardy Steve Paul		561 3 at () _	06-7494		. •	-t-	
Name o	Name of Person Area Code Daytime Telephone Number		one Number	 - '	çn Çn	، . اديد	
Caral and the make sale Comple	C. U				\tilde{r}_{ij}	5	
Enclosed is a check for th	-						
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	e of Status Certified Copy Certificat (additional copy is enclosed) Certified		Certificate Certified C (additional co	of Status opy		
Mailing Addres	<u>s:</u>	Street .	Address:				

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

TO:

Registration Section

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

PF96 LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compari- Florida document number <u>L21000031776</u> .	y were filed on 01/14/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	bility Company," the designation "LLC" or the	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	5041 Starblaze Drive, Greenacres FL	33463
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the na	me of the new register
Name of New Registered Agent:	. 1-	
New Registered Office Address:	Enter Florida street address	1 PR 1
	Florido	$\frac{1}{2}$ $\frac{1}{2}$

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.

City

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Ricardy Steve Paul	5041 Starblaze Dr, Greenacres FL 33463	= Add
			□Remove
			□Change
			🗆 Add
			□Remove
		<u> </u>	□Change
			□ Remove
			□Ādd →
			□Remove □Change
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