

121 0000 55967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

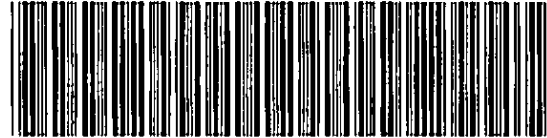
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 MAR -0  
MAR 17

February 25, 2022

To: Florida Department of State  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N Monroe Street, Suite 810  
Tallahassee, FL 32303

**Cover Letter:**

L2100055967

Hello, please find enclosed documents with request to Amend the existing LLC currently under the name  
Foche Classics "Rare Lyrical Writings", LLC

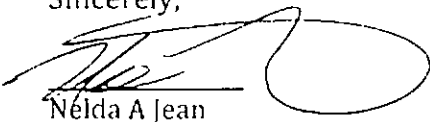
It is with hope the name is to be Amended to show the newly chosen name of:  
Foche Classics RLW & Human Services, LLC

**The fee to file of \$25 is enclosed, to include an additional fee of \$5.00 for a Certificate of Status  
A Total of: \$30.00 is enclosed.**

For questions or additional information request, please email

Focheclassics@gmail.com and telephone: (305) 929-3539; Thank you for your assistance.

Sincerely,

  
Nelda A Jean

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FOCHE CLASSICS "RARE LYRICAL WRITINGS", 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:

Nelda A Jean

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

FOCHE CLASSICS "RARE LYRICAL WRITINGS", LLC

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

13020 NW 18th Ct

\_\_\_\_\_  
Address

Miami, FL 33167

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

focheclassics@gmail.com

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

For further information concerning this matter, please call:

Nelda A Jean

305 929-3539  
at ( )

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

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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**

FOCHE CLASSICS "RARE LYRICAL WRITINGS", 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 02/01/2021 and assigned Florida document number L21000055967.

This amendment is submitted to amend the following:

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

FOCHE CLASSICS RLW & HUMAN SERVICES, LLC

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)**

**Enter new mailing address, if applicable:**

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

**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

Civ

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>           |
|--------------|-------------|----------------|---------------------------------|
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change |
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2021-11-03 PM 3:43


(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 February 25th 2022

February 25th 2022



Signature of a member of the authority

Signature of a member or authorized representative of a member

Nelda A Jean

Typed or printed name of signee