

121 0000 55967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

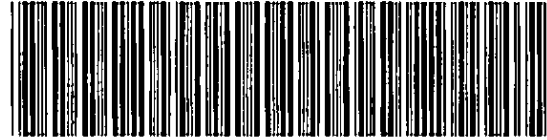
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAR 07 2022

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2022 MAR 07 09:17

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:

L21000059967

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 ()
Area Code Daytime Telephone Number

Name of Person

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)

1000
S
M
G
ST
TALLAHASSEE
FL 32301

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** _____

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

<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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

2022 JUN - 8 AM
MGR - 8 AM
AMBR - 11 AM
14 63

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

Multiple horizontal lines for amending information.

2022 MAR -6 PM 3:48

E. Effective date, if other than the date of filing: _____ (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 February 25th, 2022

Handwritten signature of Nelda A Jean

Signature of a member or authorized representative of a member

Nelda A Jean

Typed or printed name of signee