

L210000055967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

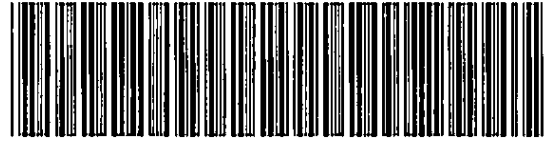
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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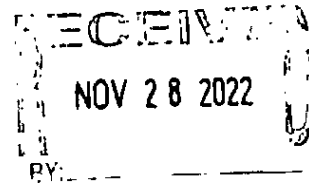
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Office Use Only



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V.W.

2023 MAR -6 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FL

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2023

NELDA A. JEAN
13020 NW 18TH CT
MIAMI, FL 33167 US

SUBJECT: FOCHE CLASSICS RLW & HUMAN SERVICES, LLC
Ref. Number: L21000055967

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a INC, but your entity is a LLC. Please complete and return the enclosed blank form(s).

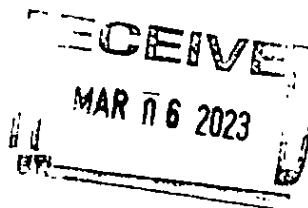
We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Vonterica S Williams
REGULATORY SPECIALIST II

Letter Number: 223A00003495



RECEIVED
MAR 06 2023

COVER LETTER

L21000055967

TO: Registration Section
Division of Corporations

SUBJECT: FOCHE CLASSICS RLW & HUMAN SERVICES, 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 Augustin Jean

Name of Person

FOCHE CLASSICS RLW & HUMAN SERVICES, 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 Augustin Jean

305 929-3539
at ()
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

SECRETARY OF STATE
TALLAHASSEE, FL

2023 MAR -6 PM 1:22

FILED

L21000055967

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FOCHE CLASSICS RLW & HUMAN SERVICES, 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 Contract Processors - Case Management & Project Consulting, 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:

10750 NW 6th Ct

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33168

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:

10750 NW 6th Ct, Miami, FL

Enter Florida street address

Miami

City

Florida 33168

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]

L21000055967

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

Firm operates to process for companies as contract 1099 individuals. Also manage case files

for companies as contract 1099 individuals; also take on contracted projects and serve as consultants.

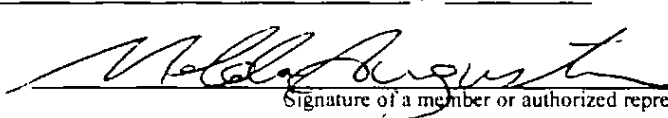
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 _____

 2/24/2023
Signature of a member or authorized representative of a member

Nelda Augustin

Typed or printed name of signer