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COVER LETTER

TO: Registration S Division of Co				
SUBJECT: P	oraick FRON	Cois LLC		
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Stephani	Name of Person		
		Firm/Company		
	S418 6PT	e LPKe RD Address		
	TOMPOPE !	Z/ ζζ ζ/ς City/State and Zip Code		
		o 20 84 G C mail occurs	n ation)	
For further information	concerning this matter, please c	alt:		
S-CWIONIE NOTING Name of Person		at (<u>954)</u> <u>562</u> Area Code Daytime T	SS 75 elephone Number	_
Enclosed is a check for t	the following amount:			
XI \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	f Status & Dy
<u>Mailing Addre</u> Registration		Street Address: Registration Section	on	2021
Division of O P.O. Box 63: Tallahassee,	Corporations 27	Division of Corpo The Centre of Tall 2415 N. Monroe S Tallahassee, FL 32	rations lahassee Street, Suite 810	MR 12 PI
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PATRICK FRANC (Name of the Limite	GIS CLC	as it now appears on our	records.)		
	(A Florida Limited Lia	bility Company)			
The Articles of Organization for this Limited Li		ere filed on $\frac{2.12.1}{2.12.1}$	21	and assig	gned
Florida document number <u>L21 COCO 7</u>	1292				
This amendment is submitted to amend the following	wing:				
A. If amending name, enter the new name of	the limited liabili	ty company here:			
The new name must be distinguishable and contain the we	ords "Limited Liability	Company," the designation	n "LLC" or the abl	previation "L.L.)	<u>C.</u> "
Enter new principal offices address, if applica	ıble:				
(Principal office address MUST BE A STREE	T ADDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE I	20V)		-		
William dulies WAT DE ATOST OFFICE	<u>юл</u> у				
	,				
B. If amending the registered agent and/or reagent and/or the new registered office address	_	dress on our records,	enter the name	of the new i	registered
agent and or the new registered office address	s nere .				
Name of New Registered Agent:	PATRICK	Francois			
• • • • • • • • • • • • • • • • • • • •	,				
New Registered Office Address:	Enter Florida street address				
			Florida	2	C)
		City	1 101 Ida	Zipt ode	
New Registered Agent's Signature, if changing R	egistered Agent:			Ziji jode	7
I hereby accept the appointment as registered	l agent and agree	to act in this capacity	v. I further agr		
provisions of all statutes relative to the prope	r and complete pe	erformance of my dut	ies, and I am fo	miliar wi <mark>dh</mark> i	and
accept the obligations of my position as regis being filed to merely reflect a change in the r					

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>	Address	Type of Action
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MGR		The ZOOH SOO	□Remove
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