

LR1000117235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

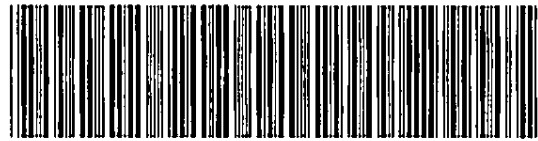
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2023 NOV -9 PM 12:36
OFFICE OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FRANCE PATOIS TOURS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YAMILA FERNANDEZ BROSSARD

Name of Person

FRANCE PATOIS TOURS LLC

Firm/Company

2269 FLOWLER STREET

Address

FORT MEYERS FL 33901

City/State and Zip Code

111tax333@gmail.com

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

For further information concerning this matter, please call:

YAMILA FERNANDEZ BROSSARD at (904) 631-0079
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**

FRANCE PATOIS TOURS 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 03-11-2021 and assigned Florida document number 121000117235.

This amendment is submitted to amend the following:

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

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)

2269 FLOWLER STREET

FORT MEYERS FL 33901

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2269 FLOWLER STREET

FORT MEYERS FL 33901

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:

YAMILA FERNANDEZ BROSSARD

New Registered Office Address:

2269 FLOWLER STREET

Enter Florida street address

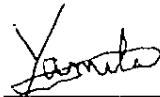
FORT MEYERS

City

Florida

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

SECRETARY OF STATE
2023 NOV -9 PM 12:36
D

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>
MGR	YAMILA FERNANDEZ BROSSA	2269 FLOWLER ST SW FORT MEYERS FL 33901	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	YAMILA FERNANDEZ BROSSA	2269 FLOWLER ST SW FORT MEYERS FL 33901	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RAUDEL SANCHEZ FERNANDEZ	2269 FLOWLER ST SW FORT MEYERS FL 33901	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

PLEASE AMMEND THE TITLE OF YAMILA FERNANDEZ BROSSARD FROM MGR TO AMBR

AND ADD A NEW (AMBR) RAUDEL SANCHEZ FERNANDEZ.

PLEASE ADD THE EIN # 30-1263401

PLEASE CHANGE THE OLD ADRESS TO 2269 FLOWLER ST SW FORT MEYERS FL 33901

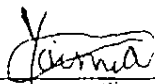
E. Effective date, if other than the date of filing: NOVEMBER 05, 2021 (optional)

(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 NOVEMBER 05 2021



Signature of a member or authorized representative of a member

YAMILA FERNANDEZ BROSSARD

Typed or printed name of signee