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(Business Entity Name)

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Y. SCOTT  
JAN 25 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FRANCE PATOIS TOURS 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:

YAMILA FERNANDEZ BROSSARD
Name of Person
FRANCE PATOIS TOURS LLC
Firm/Company
3583 FOWLER STREET
Address
FORT MYERS, FL, 33901
City, State and Zip Code
Francepatoislaflorida@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

YAMILA FERNANDEZ BROSSARD
904 631-0079
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- 225.00 Filing Fee
330.00 Filing Fee & Certificate of Status
355.00 Filing Fee & Certified Copy (additional copy is enclosed)
360.00 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 Palais 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)

3583 FOWLER STREET

FORT MYERS, FL, 33901

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2103 UNITY AVENUE

FORT MYERS, FL, 33901

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**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: 3583 FOWLER STREET

*Enter Florida street address*

FORT MYERS, Florida 33901

*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>Type of Action</u>
MGR	YAMILA FERNANDEZ BROSSARD	3583 FOWLER STREET, FORT MYERS, FL. 33901 <input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AMBR	RAUDEL SANCHEZ FERNANDEZ	3583 FOWLER STREET, FORT MYERS, FL. 33901 <input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AMBR	HILDA S. CAMPOS REYES	3583 FOWLER STREET, FORT MYERS, 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

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

PLEASE ADD A NEW AUTHORIZED MEMBER HILDA S. CAMPOS REYES

PLEASE CHANGE THE OLD ADDRESS TO 3583 FOWLER STREET, FORT MYERS, FL. 33901.

PLEASE CHANGE THE OWNERSHIP PERCENTAGE AS FOLLOWS:

YAMILA FERNANDEZ BROSSARD - 75 %

RAUDEL SANCHEZ FERNANDEZ - 20%

HILDA S. CAMPOS REYES - 5 %

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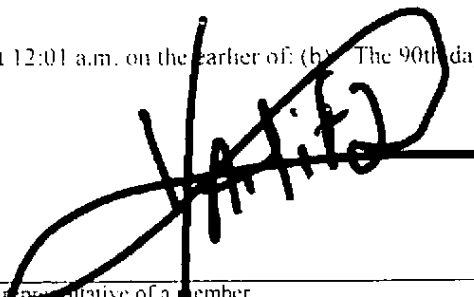
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 January, 11th 2022



Signature of a member or authorized representative of a member

YAMILA FERNANDEZ BROSSARD

Typed or printed name of signer