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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor					
The Pleasu	ire Garden Enterprise LLC	k	*		
SUBJECT:			<del></del>	4	· )
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Lashaunda Flickstein				
		Name of Person		_	
	The Pleasure Garden Cafe	e			
		Firm/Company		<b>-</b> .	707
	12717 W. Sunrise blvd #4	114		-:	
	-	Address		_	51
	Sunrise, FL 33323				·-· .
	<del></del>	City/State and Zip Code		_	'
	support@thepleasuregarde	encafe.com			رد
	E-mail address: (	to be used for future annual report no	otification)		
For further information of	concerning this matter, please c	all:			
Yves Guerrier		754 221-7147			
		at ()	T. L. L Nomb		
Name o	of Person	Area Code Dayti	ime Telephone Numb	er	
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Sta	itus &
Mailing Addres Registration		Street Address: Registration S	Section		
Division of C		Division of C			
P.O. Box 632	27	The Centre of	Tallahassee		
Tallahassee.	FL 32314	2415 N. Moni	roe Street, Suite	810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Pleasure Garden Enterprise L.		ny as it now appears on our record	<del>s.)</del>
( <u> </u>	(A Florida Limited I	ny as it now appears on our record liability Company)	_
he Articles of Organization for this Limited L lorida document number	iability Company	were filed on	and assigned
his amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
N/A			
he new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	N
Principal office address MUST BE A STREE			
Trincipal Office was coo 112031 DD 12031	7 1 2 2 1 2 2 2		
			9
Enter new mailing address, if applicable:		N/A	** • • * • *
Mailing address MAY BE A POST OFFICE	ROY)		• ?
Miguing duaress MAT BE ATOST OTTICE	<u>BOAJ</u>		ச
3. If amending the registered agent and/or agent and/or the new registered office address:  Name of New Registered Agent:  New Registered Office Address:		address on our records, enter	
		Enter r torida street addres	s
		, Flo	orida

## 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 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Yves Guerrier	151 N Nobhill Rd. STE. 367	
		Plantation, FL 33324	<b></b>
			□Remove
			□Add
			□ Remove
			□Change
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ive date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) days after filing.) Pursuant to 6 nents, this date will not be 1
rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied.	lier of: (b) The 90th day a
December 14 2022	
Signature of a member or authorized representative of a memb	oer .