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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:Q	FFICIAL FRENC Name of Lin	CHE'S LLC nited Liability Company	 -
The enclosed Articles of	Amendment and fee(s) are su	bmitted for tiling.	
Please return all correspo	ondence concerning this matter	r to the following:	
	Lu	Wanna Rilps Name of Person	
	LSR Manage	pment & Consulta	of, Inc.
	P.O. BOX	693936 Address	2021 AUG 10 PH 3: 26
	Miami, F	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	
	~		ification)
For further information co	oncerning this matter, please c		00 - 0
LUWANNA P	Person	at <u>315</u> , <u>384 - 9</u> Area Code Dayrim	8404 ne Telephone Number
Enclosed is a check for th	e following amount:		
■ S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co	pection Orporations	<u>Street Address:</u> Registration Sec Division of Cor	
P.O. Box 632 Tallahassee, F		The Centre of T	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

OFFICIAL FRENCHIE'S LLC

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our record liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L210003291</u> .	were filed on <u>05/13/</u> 2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
OFFIGAL FRENCHIES L The new name must be distinguishable and contain the words "Limited Liability".	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2021
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		PP D
(Mailing address MAY BE A POST OFFICE BOX)		28
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	
	City , Flo	Orida 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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effective date is	listed, the date must be nserted in this block	specific and ca	annot be prior to	date of filing or le statutory fili	more than 90 da	ws after filing.) Pursuan will not	t to 605,026 he listed :
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