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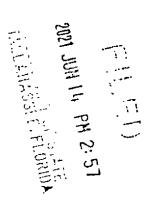
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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

Herbastea			
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ancie Pierre		
		Name of Person	
	Herbastea		
		Firm/Company	
	615 N 7th street		
		Address	
	Lantana Fl 33462		
		City/State and Zip Code	
	NCeventsplanner@yahoo.c		
	E-mail address: (	to be used for future annual report noti	ncation)
For further information c	oncerning this matter, please ca		
Ancie Pierre		561 526-3797	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fce	☐ \$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)
<u>Mailing Addre</u>	s <u>s:</u>	Street Address:	.•
Registration Section		Registration Se Division of Co	
Division of Corporations P.O. Box 6327		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability Company as it now</u> (A Florida Limited Liability Com	appears on our records.)  apany)
The Articles of Organization for this Limited Liability Company were filed	on and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-1 12
(Principal office address MUST BE A STREET ADDRESS)	22 B
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	2.5
	5
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:  Name of New Registered Agent:	our records, enter the name of the new regi
New Registered Office Address:	
To	ster l'Iorida street address
	, Florida
City	7.ip 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Pierre Ancie	615 N 7th street Lantana fl 33462	
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			Петюче
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			□Remove
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of  ote: If the date inscreed in this block does not meet the applicable state	(optional)  f filing or more than 90 days after filing.) Pursuant to 605.020 atory filing requirements, this date will not be listed a
ocument's effective date on the Department of State's records.	·
record specifies a delayed effective date, but not an effective time, at 12 list filed.	2:01 a.m. on the earlier of: (b) The 90th day after the
6-8-2021	
ated	
Signature of a member or authorized rep	presentative of a member
· · · · · · · · · · · · · · · · · · ·	