121000289819

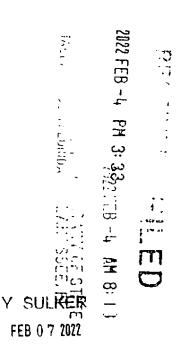
	(Requestor's Name)	
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(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status		
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Special Instructions to	o Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration So Division of Cor			
Frenchie To	ales, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Dayron Portela		
		Name of Person	
		Firm/Company	
	8181 NW 154th St, Ste 210)	
		Address	
	Miami Lakes, FL, 33016		
	dayron@creativecoregroup. E-mail address: (City/State and Zip Code com to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Dayron Portela		305 302-6557	
Name e	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a cheek for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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> Registration	Section	Street Address: Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Frenchie Tales, LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) .iability Company)			
The Articles of Organization for this Limited Liability Company Florida document number [121000289819]	were filed on <u>06/22/2021</u>	an	ıd assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviati	on "L.I.	.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)	-333331			
Enter new mailing address, if applicable:				
• • • • • • • • • • • • • • • • • • • •				
Mailing address MAY BE A POST OFFICE BOX)		_	2022	
			UD.	: }
3. If amending the registered agent and/or registered office a	address on our records, <u>enter the</u>	e name of th		register
gent and/or the new registered office address here:			AH	
		[15]	ထ္	
Name of New Registered Agent:			_	
New Registered Office Address:		ניז 		_
	Enter Florida street address			
	Florid			
	Ciny	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 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
AMBR	JAVIER SUAREZ	13202 NW 107th Ave - Ste. 6	
		Hialeah Gardens, Fl. 33018	■Remove
			□Change
			(]Add
			□Remove
			□Change
	·		□Add
		 	□Remove
			□Change
			□Add
			Remove
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Note:	tive date, if other than fective date is listed, the date If the date inserted in the nent's effective date on the	is block does not	t meet the applic	able statutory tilir	(option or than 90 days after g requirements, this	onal) filing.) Pursuant to 605 s date will not be list	i.0207 (3 ed as tF
the record cord is fi	rd specifies a delayed effi led.	ective date, but n	ot an effective ti	me, at 12:01 a.m.	on the earlier of: (b) The 90th day afte	τ the
Dated	February 4		2022				
11	***************************************			·			

Filing Fee: \$25.00

Typed or printed name of signee