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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

	egistration Section vision of Corporatio	ns .						
SUBJECT	Louis and Ketant F	 Amilies Enterprise LL 	С					
	- <u></u>	Name of Lir	nited Liability Company					
The enclose	ed Articles of Amendr	hent and fee(s) are su	bmitted for filing.					
	m all correspondence	i i	-					
	•		<u>.</u>					
		,	Wista Louis					
			Name of Person					
		Louis	and Ketant Families Enerp	rise LLC				
			Firm/Company					
		<u>.</u>	1415 NE 178th Street					
		· —	Address					
		. N	orth Miami Beach, FL 331	62				
		lau	City/State and Zip Code					
			isfamilyenterprise@gmail.c (to be used for future annual r					
For further	information concerning	g this matter, please o	eall:					
	Wista Louis	! : : :	786 at ()	350-5818				
	Name of Person	i I	Area Code	Daytime Telephone Number				
Enclosed is	a check for the follow	i ing amount:						
■ \$25.00		0.00 Filing Fee & ertificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &				
Re Di P.0	ailing Address: gistration Section vision of Corporat O. Box 6327 Ilahassee, FL 323	ions	Division The Cen 2415 N.	dress: tion Section of Corporations tre of Tallahassee Monroe Street, Suite 810 see, FL 32303				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Louis and Ketant Families Enterprise, LLC			
(Name of the Limited Liability Compan (A Florida Limited Li	iv as it now appe: iability Company)	ars on our records.)	
he Articles of Organization for this Limited Liability Company v	were filed on _	June 25, 2021	and assigned
lorida document number 1.21000294918			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liabil	lity company l	<u>iere</u> :	
Soudoum & Louis Families Enterprise, LLC			
he new name must be distinguishable and contain the words "Limited Liabili	ty 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)			22 N
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ı.			
nter new mailing address, if applicable:		-	12 To
Mailing address MAY BE A POST OFFICE BOX)			rri Ol
!			
. If amending the registered agent and/or registered office acgent and/or the new registered office address here:	ddress on our	records, <u>enter the</u>	name of the new registe
zent and/or the new registered office address nere:			
Name of New Registered Agent:			
New Registered Office Address:	Futar Fl.	orida street address	
ı	i,nier r i	oriaa sireet aaaress	
	City	, Florid	laZip Code
	City		Zīp 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> Name | Address **Type of Action** _____ □Remove \square Add 202 | Kemave ယ္ပ □Remove _____ □Remove

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an effe	ective date is listed, the da	e must be specif	fic and can	not be prior	to date of	filing or more	than 90 days	after filing). F	oursuant (io 605.020
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	Y	Signature	of a mem	ber or auth	orized repr	esentative of	a member	-		_
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Filing Fee: \$25.00