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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SURIECT: (OA)V	FRENCE TNVF	SMENTS LLC	:
SUBJECT	Name of Limit	ESMENTS LLC ted Liability Company	- ,
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Migel J	San Mane of Person	
		Finn/Company	
	12613 NW 74+	Address	
	Parkland, Fi	City/State and Zip Code	<u>.</u>
	Convergence E-mail address: (1	ceinvestments 216 o be used for future annual report notion	grail-com lication)
For further information co	ncerning this matter, please ca	di:	
Migel Jan Name of	n ing S Person J	at (786) 514 - 2 Area Code Daytim	2-7/2 e Telephone Number
Enclosed is a check for the	: following amount:		
☑ \$25.(₩) Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	555.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	- "	Street Address:	-4:
Registration Se		Registration Se Division of Co	
Division of Co P.O. Box 6327	•	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 DEC 17 PM 1:08

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 7/26/2021 and assigned Florida document number L2/000337298This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registere agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 12613 NW 74 Th PL	Type of Action
MGR	ROSE JENNINGS	Parkland FL 33076	Add
			□Remove
			□Change
			□ Add
			Петюve
			Change
			□Add
			□Remove
			ClChange
		<u></u>	
			□Remove
			Change
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			Change
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			□Remove
			Change

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Effectiv	e date, if other than the date of filing: (optional)
lf an effec <u>Note:</u> If	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	1.
rd is file	December 12th 202t.
rd is file	December 12th 2024.
rd is filed	